

CARD MUST BE TYPED

STATE OF KANSAS
NOTICE OF INTENTION TO DRILL
(see rules on reverse side)

CARD MUST BE SIGNED

Starting Date: 10.....22.....1984.....
month day year

API Number 15- 037-21,299-00-00

OPERATOR: License # 9755.....

Name Advanced Recovery Services Co.

Address P.O. Box 5351.....

City/State/Zip Englewood, CO 80155.....

Contact Person Fred Haddenhorst.....

Phone (303) 790-0252.....

CONTRACTOR: License # 6056.....

Name Black Diamond Drilling.....

City/State Colony, KS 66015.....

Well Drilled For:

Well Class:

Type Equipment:

Oil Swd

Infield

Mud Rotary

Gas Inj

Pool Ext.

Air Rotary

OWWO Expl

Wildcat

Cable

If OWWO: old well info as follows:

Operator

Well Name

Comp Date Old Total Depth

Projected Total Depth 650..... feet

Projected Formation at TD Bartlesville.....

Expected Producing Formations

NE Sec 30 Twp 23, Rge 22 East
(location) West

.....2805... Ft North from Southeast Corner of Section
.....2219... Ft West from Southeast Corner of Section
(Note: Locate well on Section Plat on reverse side)

Nearest lease or unit boundary line 165..... feet.

County Crawford.....

Lease Name Albert Elmer..... Well# 0-3

Domestic well within 330 feet: yes no

Municipal well within one mile: yes no

Depth to Bottom of fresh water 20..... feet

Lowest usable water formation

Depth to Bottom of usable water 100..... feet

Surface pipe by Alternate: 1 2

Surface pipe to be set 20..... feet

Conductor pipe if any required

Ground surface elevation

This Authorization Expires 4-12-85.....

Approved By 10-12-84.....

I certify that we will comply with K.S.A. 55-101, et seq., plus eventually plugging hole to K.C.C. specifications.

Date 10/12/84 Signature of Operator or Agent

E. Barber

Title As Agent

