

CARD MUST BE TYPED

NOTICE OF INTENTION TO DRILL

CARD MUST BE SIGNED

State of Kansas
(see rules on reverse side)

Starting Date: 11 18 84
month day year

API Number 15- 107-22,436
00-00 East

OPERATOR: License # 6142
Name Town Oil Co.
Address Rt. 4
City/State/Zip Paola, KS. 66071
Contact Person Lester Town
Phone 913 294-2125

..... NE. Sec 20 . Twp 19 . S, Rge 22 . West
(location)
..... 2845 Ft North from Southeast Corner of Section
..... 825 Ft West from Southeast Corner of Section
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # 6142
Name COMPANY TOOLS
City/State

Nearest lease or unit boundary line 200 feet.
County Linn
Lease Name White Well# 6
Domestic well within 330 feet : yes no
Municipal well within one mile : yes no

Well Drilled For: Well Class: Type Equipment:
 Oil Swd Infield Mud Rotary
 Gas Inj Pool Ext. Air Rotary
 OWWO Expl Wildcat Cable

Depth to Bottom of fresh water 0 feet
Lowest usable water formation 7-7
Depth to Bottom of usable water 300 feet
Surface pipe by Alternate : 1 2
Surface pipe to be set 20 feet
Conductor pipe if any required none feet
Ground surface elevation 513.85 feet MSL
This Authorization Expires 11-13-84
Approved By [Signature]

If OWWO: old well info as follows:
Operator

Well Name

Comp Date Old Total Depth

Projected Total Depth 700 feet

Projected Formation at TD Bartlesville

Expected Producing Formations Bartlesville

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

Date 11-9-84 Signature of Operator or Agent [Signature] Title Agent Form C-1 4/84

MHC/ADHE 11/13/84

