

CARD MUST BE TYPED

State of Kansas  
**NOTICE OF INTENTION TO DRILL**  
(see rules on reverse side)

CARD MUST BE SIGNED

Starting Date: ..... May 22 1985 .....  
month day year

API Number 15- 037-21,330-00-00

OPERATOR: License # 6001

..... New SW SW Sec 26 Twp 28 S, Rge 21  
(location)  East  West

Name ..... Robert E. Austin

Address ..... P.O. Box 1406

City/State/Zip ..... Miami, Oklahoma 74355

Contact Person ..... Max Alcock

Phone ..... 316-431-4267

..... 990 ..... Ft North from Southeast Corner of Section  
..... 4950 ..... Ft West from Southeast Corner of Section  
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # 5667

Nearest lease or unit boundary line ..... 330 ..... feet.

Name ..... Howard Laverty

County ..... Crawford

City/State ..... Chanute, Kansas

Lease Name ..... Fox A ..... Well# ..... 3-WI

Domestic well within 330 feet :  yes  no

Municipal well within one mile :  yes  no

Well Drilled For: Well Class: Type Equipment:

- |                               |   |   |  |
|-------------------------------|---|---|--|
| <input type="checkbox"/> Oil  | <input type="checkbox"/> Swd            | <input checked="" type="checkbox"/> Infield | <input checked="" type="checkbox"/> Mud Rotary |
| <input type="checkbox"/> Gas  | <input checked="" type="checkbox"/> Inj | <input type="checkbox"/> Pool Ext.          | <input type="checkbox"/> Air Rotary            |
| <input type="checkbox"/> OWWO | <input type="checkbox"/> Expl           | <input type="checkbox"/> Wildcat            | <input type="checkbox"/> Cable                 |

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

Lowest usable water formation ..... feet

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 ..... feet

Ground surface elevation ..... feet MSL

This Authorization Expires ..... 11-10-85

Approved By ..... 5-10-85 [Signature]

If OWWO: old well info as follows:

Operator .....

Well Name .....

Comp Date ..... Old Total Depth .....

Projected Total Depth ..... 450 ..... feet

Projected Formation at TD ..... Bartlesville .....

Expected Producing Formations ..... Cattleman .....

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

Date 5/7/85 Signature of Operator or Agent

[Signature of Robert E. Austin]

Title Operator

MHC/KDHE 5-10-85

Must be filed with the K.C.C. five (5) days prior to commencing well  
This card void if drilling not started within six (6) months of date received by K.C.C.

RECEIVED  
STATE CORPORATION COMMISSION

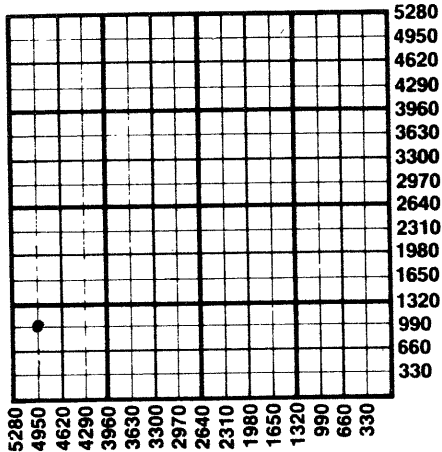
MAY 10 1985

5-10-85

Important procedures to follow:

**A Regular Section of Land**  
**1 Mile = 5,280 Ft.**

CONSERVATION DIVISION  
Wichita, Kansas



1. Notify District office before setting surface casing.
2. Set surface casing by circulating cement to the top.
3. File completion forms ACO-1 with K.C.C. within 90 days of well completion, following instructions on ACO-1, side 1, and including copies of wireline logs.
4. Notify District office 48 hours prior to old well workover or re-entry.
5. Prior to plugging, prepare a plugging plan, then obtain agreement from the appropriate district office for an approved plugging plan.
6. Submit plugging report (CP-4) to K.C.C. after plugging is completed.
7. Obtain an approved injection docket number before disposing of salt water.
8. Notify K.C.C. within 10 days when injection commences or terminates.
9. If an alternate 2 completion, cement in the production pipe from below any usable water to surface within 120 days of spud date.

State Corporation Commission of Kansas  
Conservation Division  
200 Colorado Derby Building  
Wichita, Kansas 67202  
(316) 263-3238