

TYPE OR PRINT

NOTICE OF INTENTION TO DRILL

RULE 82-2-311

15-003-01133-00-00

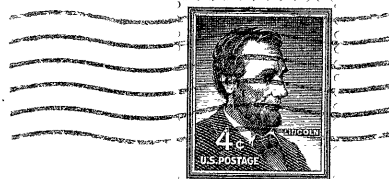
TO BE FILED WITH THE STATE CORPORATION COMMISSION PRIOR TO COMMENCEMENT OF WELL

1. Operator W. S. Fees Address Box 447, Iola, Kansas
 2. Lease name Unit #1 Well No. W. S. #2 County Anderson
 3. Well Location SW SW SW SE Sec. 21 Township 22S Range 19 E
 4. Well to be drilled 100 ft. from nearest lease line.
 5. Drilling Contractor Fees Drilling Co. Address Iola, Kansas
 6. Type of equipment: Rotary ☒ Cable Tool ☐ Approx. date operation to begin 12/12 195 8
 7. Well to be drilled for Oil ☐ Gas ☐ Disposal ☐ Input ☐ Estimated Total Depth of Well 1650 ft.
 8. Depth of deepest fresh water well within one mile of location --- ft. If none exist, write NONE ---
 9. Ground elevation at location is approx. --- ft. higher or --- ft. lower than ground elevation at water well.
 10. Depth of the deepest municipal water well within three miles of location --- ft. If none exist, write NONE none
 11. Operator states that he will set surface pipe at least 25 ft. below all Tertiary or unconsolidated deposits and, taking into consideration differences in ground elevations, that the minimum depth necessary, to the best of his knowledge and belief, to protect all fresh water zones is --- ft. and operator agrees to set surface pipe at this location to a depth of not less than 1650 ft. Alternate 1 ☐ Alternate 2 ☒ Well will be cased with 20 pound 7" cemented
- REMARKS: from top to bottom.

W. S. FEES

Signature of Operator ---

Buford Welch, Superintendent



**State Corporation Commission of Kansas
Conservation Division
500 Insurance Building
212 North Market
Wichita 2, Kansas**

RECEIVED
STATE CORPORATION COMMISSION

DEC 12 1958
12-12-58
CONSERVATION DIVISION
Wichita, Kansas

(IF PREFERRED, MAIL IN ENVELOPE)