

CARD MUST BE TYPED

# State of Kansas NOTICE OF INTENTION TO DRILL

CARD MUST BE SIGNED

(see rules on reverse side)

Starting Date: July 27 1984  
month day year 11.19

API Number 15- 107-22,368-00-00

OPERATOR: License # 6004  
Name Caldwell Enterprises  
Address Box 42  
City/State/Zip Garnett, KS 66032  
Contact Person Glen Caldwell  
Phone (913) 448-3578

NE/4 Sec 25 Twp 20 S, Rge 21  East  
(location)  West

CONTRACTOR: License # 5820  
Name Milton J. Kent  
City/State Garnett, KS 66032

3245 Ft North from Southeast Corner of Section  
220 Ft West from Southeast Corner of Section  
(Note: Locate well on Section Plat on reverse side)

Nearest lease or unit boundary line 220 feet.

County Linn

Lease Name Shikles Well# 6

Domestic well within 330 feet:  yes  no

Municipal well within one mile:  yes  no

Well Drilled For:	Well Class:	Type Equipment:
<input checked="" type="checkbox"/> Oil <input type="checkbox"/> Swd	<input checked="" type="checkbox"/> Infield	<input checked="" type="checkbox"/> Mud Rotary
<input type="checkbox"/> Gas <input 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 20 feet

Lowest usable water formation

Depth to Bottom of usable water 150 feet

Surface pipe by Alternate: 1  2

Surface pipe to be set feet

Conductor pipe if any required feet

Ground surface elevation feet MSL

This Authorization Expires 1/25/85

Approved By *[Signature]*

If OWWO: old well info as follows:

Operator

Well Name

Comp Date Old Total Depth

Projected Total Depth 600 feet

Projected Formation at TD

Expected Producing Formations

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

Date 7-25-84 Signature of Operator or Agent

*[Signature]* as agent  
MHC/KOHE 7/25/84

