

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date: July 10 1984
month day year

API Number 15- 099-12,080-00 00

OPERATOR: License # 9666

NW/4 Sec 1 Twp 35 S, Rge 19 East
(location) West

Name Robert Z. Simmons, Jr.

Address P.O. Box 201

City/State/Zip Dewey, OK 74029

Contact Person Robert Simmons, Jr.

Phone 918 336 3188

3070 Ft North from Southeast Corner of Section

3620 Ft West from Southeast Corner of Section

(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # 9469

Name Mike Smith Oil Field Service, Inc.

City/State Dewey, OK 74029

Nearest lease or unit boundary line 1660 feet.

County Labette

Lease Name Wackerle Well# 3

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 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 100 feet

Surface pipe by Alternate: 1 2

Surface pipe to be set 50 feet

Conductor pipe if any required

Ground surface elevation feet MSL

This Authorization Expires 1/19/85

Approved By 7/19/84 *[Signature]*

If OWWO: old well info as follows:

Operator

Well Name

Comp Date Old Total Depth

Projected Total Depth 1060 feet

Projected Formation at TD Arbuckle

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 7/10/84 Signature of Operator or Agent

Elaine Barham Title *As agent*

Form C-1 4/84

MHC/KOHE 7-9-84

