For KC¢ Use: 4-15-07 District #	(DIL & GAS CON	RATION COMMISSION SERVATION DIVISION Permit Extension NTENT TO DRI Request Received & 1607 For	Decen	Form C-1 nber 2002 be Typed be Signed
SGA? X Yes No			five (5) days prior to commencing well All bla		be Filled
Expected Spud Date APRIL month	2 day	2007 year	20' W of CENTER	10	☐ East ⊠ West
OPERATOR: License # 3882 V			330 feet from ⋈ N / ☐ S Line o		
Name: SAMUEL GARY JR. &	ASSOCIATES	, INC.	Is SECTION x Regular Irregular?		
Address: 1670 BROADWAY, St	JITE 3300		(Note: Locate well on the Section Plat on Reverse)	e Side)	
City/State/Zip: DENVER, CO 80202			_	0.40,	
Contact Person: TOM FERTAL			County: RICE		
Phone: (303) 831-4673			Lease Name: HABIGER ET AL - Well #:	1-3	_
			Field Name: WILDCAT		
CONTRACTOR: License 8273			Is this a Prorated / Spaced Field?	Yes	No-
Name: EXCELL SERVICES INC			Target Formation(s): ARBUCKLE		
tatest Deitherd Con. 144-14	Class	Time Fairlement	Nearest Lease or unit boundary: 330' -		4
	Class: nfield	Type Equipment: ☑ Mud Rotary <	Ground Surface Elevation: Est. 1725 Water well within one-quarter mile:		feet MSL
- - = =	ool Ext.	Air Rotary	Public water supply well within one mile:	Yes	X No
	Vildcat	Cable	Depth to bottom of fresh water: 175	<u> </u>	,
	Other		Depth to bottom of usable water 230		
Other			Surface Pipe by Alternate: X 1 2		
		·	Length of Surface Pipe Planned to be set: 320'		
If OWWO: old well information as follows:			Length of Conductor pipe required: NONE		
Operator:			Projected Total Depth: 3400'		
Well Name:			Formation at Total Depth: ARBUCKLE		
Original Completion Date:	Original Tota		Water Source for Drilling Operations: Well Farm Pond Other X	_	
Directional, Deviated or Horizontal wellbore		☐ Yes 🖾 N			
If yes, true vertical depth:			(Note: Apply for Permit with DWR [])	<u> П</u> у	⊠ n-
Bottom Hole Location:			Will Cores Be Taken? If yes, proposed zone: N/A	Yes	⊠ N0
	ling, completio		If yes, proposed zone:N/A AFFIDAVIT RECEIVE ng of this well will comply with K.S.A. 55-101, example 2010.	ED I COMMIS	ISION
It is agreed that the following hillhillinum requi	rements will be	e mer.	MAR 0 1 2	2007	
Notify the appropriate district office p A copy of the approved Notice of Inte The minimum amount of surface pine	nt to Drift shall	<i>i be</i> posted on each d			
through all unconsolidated materials; 4. If the well is a dry hole, an agreemen' 5. The appropriate district office will be a 6. If an ALTERNATE II COMPLETION, Or pursuant to Appendix "B" — Easter must be completed within 30 days of	plus a minimur t between the c notified before production pip n Kansas surfa spud date or th	n of 20 feet into the ui operator and the distri well is either plugged a shall be cemented for ace casing order #133 ne well shall be plugge	ncerying formation; ict office on plug length and placement is necessary prior to plugging; or production casing is cemented in; rom below any usable water to surface within 120 days of spud date. 8,891-C, which applies to the KCC District 3 area, alternate II cementing and in all cases, NOTIFY district office prior to any cementing.		
I hereby certify that the statements made he	rein are true a	nd to the best of my	nowledge and belief.		
Date: FEBRUARY 28, 2007 Signature	of Operator or	Agent: M	mas firstal Title: SR GEOLO	GIST	
			Remember to:		
For KCC use ONLY API # 15 - 159 - 22530 Conductor pipe required NUNC Minimum surface pipe required 25 Approved by: WHW 4-10	fe	pet per Alt (1)	 File Drill Pit Application (Form CDP-1) with Intent to Drill; File Completion Form ACO-1 within 120 days of spud date; File acreage attribution plat according to field proration orders; Notify appropriate district office 48 hours prior to workover or re-6 Submit plugging report (CP-4) after plugging is completed; Obtain written approval before disposing or injecting salt water. 	entry;	W

Mail to: KCC - Conservation Division 130 S. Market - Room 2078, Wichita, Kansas 67202

This authorization expires: 10-10-07-4-10-08

Spud date: _____ Agent:_

(This authorization void if drilling not started within 6 months of effective date.)

- If this permit has expired (See: authorized expiration date) please

Date: ___

check the box below and return to the address below.

Well Not Drilled - Permit Expired Signature of Operator or Agent: _