

Exp. 3-7-85
CARD MUST BE TYPED

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

~~CORRECTED~~ (SURFACE PIPE)
7-12-84
CARD MUST BE SIGNED

Starting Date: Sept...10th...1984.....
month day year

OPERATOR: License # 9 (8335).....

Name ...WESTERN FUEL & SUPPLY CO.....

Address ...613 Union st., PO. BOX 783.....

City/State/Zip ..Coffeyville, Kansas 67337.....

Contact Person ..R.H. BORUM.....

Phone316-251-6064.....

CONTRACTOR: License # (5831).....

Name ...Mokat Air Drilling Co.....

City/State ..Caney, Kansas PO Box 590.....

API Number 15- 125-27,134-0000

NE SE SW
(location) Sec 10 Twp 35S S, Rge 17E. East West

.....990..... Ft North from Southeast Corner of Section
.....2800..... Ft West from Southeast Corner of Section
(Note: Locate well on Section Plat on reverse side)

Nearest lease or unit boundary line 990..... feet.

County ..Montgomery.....

Lease Name Fancher Well# F--2.....

Domestic well within 330 feet: yes no

Municipal well within one mile: yes no

Depth to Bottom of fresh water 10..... feet

Lowest usable water formation 10..... feet

Depth to Bottom of usable water 10 150..... feet

Surface pipe by Alternate: 1 2

Surface pipe to be set 21..... feet

Conductor pipe if any required none..... feet

Ground surface elevation 805..... feet MSL

This Authorization Expires 3-7-85.....

Approved By 9-7-84.....

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

If OWWO: old well info as follows:

Operator

Well Name

Comp Date

Old Total Depth

Projected Total Depth 1225..... feet

Projected Formation at TD ..Arbuckle Lime.....

Expected Producing Formations Miss.....

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

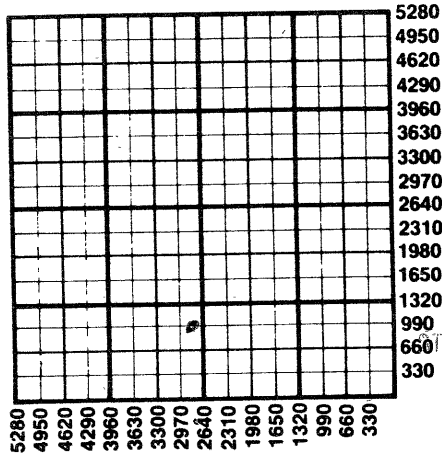
Date Sept 10, 1984 Signature of Operator or Agent

R. H. Borum Title Pres

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.

Important procedures to follow :

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



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.

SEP 11 1984

CONSERVATION DIVISION
Wichita, Kansas

9-11-84

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