

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date: ..... 11 ..... 19 ..... 84 .....  
month day year

API Number 15- 173-20, 685-00-00  
160' E of  
NW. SW. NW. Sec. 14 Twp 26. S, Rge 2.  East  
(location)  West

OPERATOR: License # 6523  
Name Schmidt Oil Company  
Address Rt. 2 Box 4A  
City/State/Zip Canton, Ks. 67428  
Contact Person Kermit Schmidt  
Phone 316-628-4402

3630 ..... Ft North from Southeast Corner of Section  
4790 ..... Ft West from Southeast Corner of Section  
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # 5133  
Name Kansas Drilling & Well Serv., Inc.  
City/State Marion, Ks. 66861

Nearest lease or unit boundary line 330 ..... feet.  
County Sedgwick  
Lease Name Goodson Well# 1

Well Drilled For: Well Class: Type Equipment:  
 Oil  Swd  Infield  Mud Rotary  
 Gas  Inj  Pool Ext.  Air Rotary  
 OWWO  Expl  Wildcat  Cable

Domestic well within 330 feet:  yes  no  
Municipal well within one mile:  yes  no

If OWWO: old well info as follows:  
Operator .....  
Well Name .....  
Comp Date ..... Old Total Depth .....  
Projected Total Depth 3300 ..... feet  
Projected Formation at TD Simpson  
Expected Producing Formations Simpson-Viola-Miss

Depth to Bottom of fresh water 85' ..... feet  
Lowest usable water formation .....  
Depth to Bottom of usable water 200 ..... feet  
Surface pipe by Alternate: 1  2   
Surface pipe to be set 200' ..... feet  
Conductor pipe if any required NA ..... feet  
Ground surface elevation ..... feet MSL  
This Authorization Expires 5-16-85  
Approved By 11-16-84

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

Date ..... Signature of Operator or Agent

*Kermit Schmidt* Title Agent

