

CARD MUST BE TYPED

# NOTICE OF INTENTION TO DRILL

(see rules on reverse side)

Correction

CARD MUST BE SIGNED

Starting Date: 5/23/84  
month day year

API Number IS- 037-21,156 - 0000

OPERATOR: License # 6086

NE 1/4 NE 1/4 SW 1/4 Sec 2 Twp 28 S, Rge 23  East  West  
(location)

Name The Production Team

Address P. O. Box 785

City/State/Zip Independence, KS 67301

Contact Person Pam Wiseman

Phone 1-316-331-8541

\* 2475 Ft North from Southeast Corner of Section  
\* 2805 Ft West from Southeast Corner of Section  
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # 5493

Nearest lease or unit boundary line 165 feet

County Crawford

Lease Name Mitchell Well# 5

Name Pat Chase

City/State Chanute, KS 66720

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 50 feet

Lowest usable water formation

Depth to Bottom of usable water 100 feet

Surface pipe by Alternate: 1  2

Surface pipe to be set 20 feet

Conductor pipe if any required

Ground surface elevation 1031 feet MSL

This Authorization Expires 11-23-84

Approved By 5-23-84

If OWWO: old well info as follows:

Operator

Well Name

Comp Date Old Total Depth

Projected Total Depth 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. was 23 34 FNL of SW 1/4

Date 8/26/84 Signature of Operator or Agent

Pam Wiseman Title Agent

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.

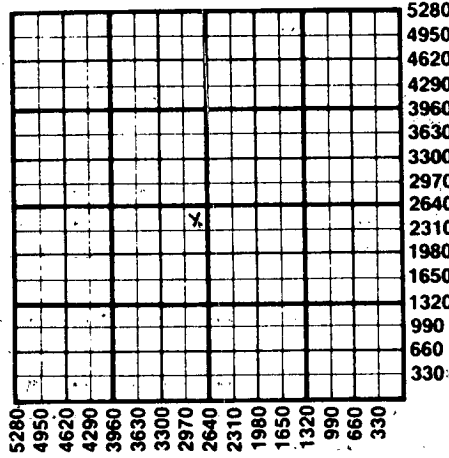
8-24-84

RECEIVED  
 STATE CORPORATION COMMISSION

AUG 24 1984

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

2805  
 2475



1. Notify District office before setting surface casing.
2. Set surface casing by circulating cement to the top of well.
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.

CONSERVATION DIVISION  
 Wichita, Kansas

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