

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date: ...8.....6.....1984.....
month day year

API Number 15- 037-21,215-00-00
XX East

OPERATOR: License # .6086.....
Name ...The..Production..Team,..Inc.....
Address Box..785.....
City/State/Zip ..Independence,..KS...67301...
Contact Person ..Alex.Davies.....
Phone316.331.2951.....

..SW./4... .. Sec .2... Twp .28 S, Rge .23. West
(location)
...23.10..... Ft North from Southeast Corner of Section
...39.60..... Ft West from Southeast Corner of Section
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License #5493.....
NamePat..Chase.....
City/State Chanute,..KS...666720.....

Nearest lease or unit boundary line .330..... feet.
County ...Crawford.....
Lease Name ..Mitchell..... Well# ...8.....
Domestic well within 330 feet: yes no
Municipal well within one mile: yes no

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

Depth to Bottom of fresh water .20..... feet
Lowest usable water formation
Depth to Bottom of usable water 1.00..... feet
Surface pipe by Alternate: 1 2
Surface pipe to be set ...20..... feet
Conductor pipe if any required feet
Ground surface elevation feet MSL
This Authorization Expires
Approved By ..8/3/84.....

If OWWO: old well info as follows:
Operator
Well Name
Comp Date Old Total Depth
Projected Total Depth200..... feet
Projected Formation at TDPeru.....
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 8-3-84..... Signature of Operator or Agent M. Linda Moshead..... Title Asst. Agent.....

MHC/KOHE 8/3/84

