

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- 037-21,220-00-00

OPERATOR: License # ..6086.....
Name ...The Production Team, Inc.....
Address Box 785.....
City/State/Zip ..Independence, KS....67301....
Contact Person ..Alex Davies.....
Phone316 331 2951.....

SE./4... .. Sec .2.. Twp .28 S, Rge .23 ☒ East
(location) ☐ West

...2145..... Ft North from Southeast Corner of Section

...1815..... 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 ..495..... feet.

County ...Crawford.....

Lease Name ..Mitchell..... Well# ..13.....

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 type="checkbox"/> Infield	<input checked="" type="checkbox"/> Mud Rotary	
<input type="checkbox"/> Gas <input type="checkbox"/> Inj <input checked="" 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 ..20..... feet

Lowest usable water formation

Depth to Bottom of usable water 100..... feet

Surface pipe by Alternate: 1 ☐ ☒

Surface pipe to be set ..20..... feet

Conductor pipe if any required

Ground surface elevation

This Authorization Expires ..2-3-85.....

Approved By8-3-84.....

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 Mienda Moorhead Title As Agent

MHC/KDHE 8/3/84

RECEIVED
STATE CORPORATION COMMISSION

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.

AUG 3 1984

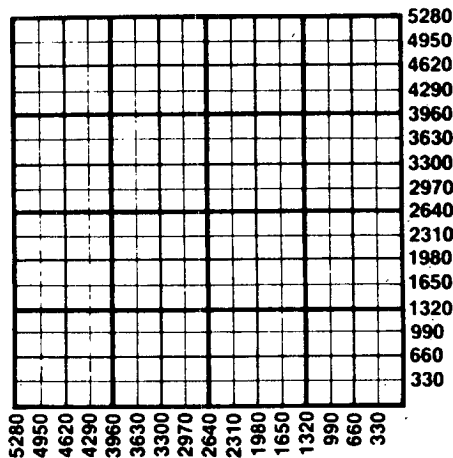
CONSERVATION DIVISION
Wichita, Kansas

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

8-3-84

Important procedures to follow:

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.



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