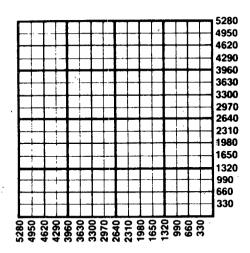
| Starting Date:8.  | month da                  | 1984<br>y year                | API Number 15- 037-2/222                             |
|---|---------------------------|-------------------------------|--|
| OPERATOR: License # 6086  Name The Production Team, Inc. Address Box 785  City/State/Zip Independence, KS 67301  Contact Person Alex Davies  Phone 316 331 2951  CONTRACTOR: License # 5493  Name Pat Chase City/State Chanute, KS 666720 |                           |                               |  |
| Well Drilled For:   | Well Class:               | Type Equipment:               | Municipal well within one mile: yes XX no            |
| X X Oil Swd   | _ Infield                 | XX Mud Rotary                 |  |
| ☐ Gas ☐ Inj   | X N Pool Ext.             | Air Rotary                    | Depth to Bottom of fresh water .2.0 feet             |
| ☐ OWWO ☐ Expl   | □ Wildcat                 | Cable                         | Lowest usable water formation                        |
| If OWWO: old weil info as follows:  |                           |                               | Depth to Bottom of usable water 1.00 feet            |
| Operator  |                           |                               | Surface pipe by Alternate: 1 🔲 🐉                     |
| Well Name   |                           |                               | Surface pipe to be set                               |
| Comp Date Old Total Depth   |                           |                               | Conductor pipe if any required feet                  |
| Projected Total Depth2.0.0  |                           |                               | Ground surface elevation feet MSL                    |
| Projected Formation at TDP.e.r.u  |                           |                               | This Authorization Expires 2-3-85 Approved By 5-3-84 |
| Expected Producing Formations   |                           |                               | Approved By  |
| I certify that we will comp   | oly with K.S.A. 55-101, e | t seq., plus eventually plugg | ing hole to K.C.C. specifications.                   |
| Date 8-3-84 Signature of Operator or Agent Mixenda Matthe as Agent MHC/WOHE 8/3/94 Form C-1 4/84  |                           |                               |  |



## 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.

Wichita Redutar Section of Land

1 Mile = 5.280 Ft.



## 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