

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date:8.....12.....85.....
month day year

API Number 15- 099-22,365-00-00

OPERATOR: License #8859.....

.....SE..SW..SE Sec ..24 Twp 32 Rge ...17 East
(Location) West

Squires Salsman
DBA

NameSalsman..Oil..Company.....

Address315..School.....

City/State/ZipSedan,..KS...67361.....

Contact PersonBarb..Woodcox.....

Phone316-331-2951.....

.....330.. Ft North from Southeast Corner of Section
.....1550... Ft West from Southeast Corner of Section
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License #9561.....

NameGlen..Chase..Drilling..Co.....

City/StateIndependence,..KS...67301.....

Nearest lease or unit boundary line330..... feet.

CountyLabeete.....

Lease NameCriebeL..... Well#19..

Domestic well within 330 feet: yes No

Municipal well within one mile: yes No

Well Drilled For: Well Class: Type Equipment:

- ~~DK~~ Swd ~~WHD~~ ~~Rotary~~ Rotary
- Gas Inj Pool Ext. Air Rotary
- OWWO Expl Wildcat Cable

Depth to Bottom of fresh water50..... feet

Lowest usable water formation

Depth to Bottom of usable water200..... feet

Surface pipe by Alternate: 1 2 XX

Surface pipe to be set20..... feet

Conductor pipe if any required

Ground surface elevation7.95..... feet MSL

This Authorization Expires2-5-86.....

Approved By8-5-85..... *PC*

If OWWO: old well info as follows:

Operator

Well Name

Comp Date Old Total Depth

Projected Total Depth750..... feet

Projected Formation at TDWayside.....

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.

Date8/5/85... Signature of Operator or Agent

Susan Arnold

TitleAs..Agent.....

