

**CARD MUST BE TYPED**

**NOTICE OF INTENTION TO DRILL**  
(see rules on reverse side)

**CARD MUST BE SIGNED**

**Starting Date:** ..... 3 ..... 11 ..... 1985 .....  
month day year 10-30

**API Number 15-**

**OPERATOR:** License # ..... 5499  
Name ..... Brecheisen Oil Company  
Address ..... Box 40  
City/State/Zip ..... Garnett, KS 66032  
Contact Person ..... Jim Lorenz  
Phone ..... 316 421 6906

NE SW NW . . . . . Sec 27 . . . Twp 32 . . . S, Rge 18 . . . ☐ West  
(location)

**3640..... Ft North from Southeast Corner of Section**  
**4280..... Ft West from Southeast Corner of Section**  
 (Note: Locate well on Section Plat on reverse side)

**CONTRACTOR:** License # .....5782.....  
 Name V W & B Drilling Co.  
 City/State Box 7 Cherryvale, KS 67335

Nearest lease or unit boundary line ..... 1000 ..... feet.  
County ..... Labette .....  
Lease Name Lester Myers ..... Well# 7 Dixon

<b>Well Drilled For:</b>	<b>Well Class:</b>	<b>Type Equipment:</b>
<input checked="" type="checkbox"/> Oil <input type="checkbox"/> Swd	<input type="checkbox"/> Infield	<input type="checkbox"/> Mud Rotary
<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Inj	<input type="checkbox"/> Pool Ext.	<input checked="" type="checkbox"/> Air Rotary
<input type="checkbox"/> OWWO <input type="checkbox"/> Expl	<input checked="" type="checkbox"/> Wildcat	<input type="checkbox"/> Cable

**Domestic well within 330 feet :** ☐ yes ☒ no

**Municipal well within one mile :** ☐ yes ☒ no

**If OWWO: old well info as follows:**

Operator .....

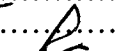
Well Name .....

Comp Date ..... 900 Old Total Depth .....

Projected Total Depth ..... 900 feet

Projected Formation at TD ..... Mississippian

Expected Producing Formations .....

Depth to Bottom of fresh water ..... 50 ..... feet  
 Lowest usable water formation .....  
 Depth to Bottom of usable water ..... 150 ..... 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 9-11-85  
 Approved By 3-11-85 

**I certify that we will comply with K.S.A. 55-101, et seq., plus eventually plugging hole to K.C.C. specifications.**

Date 3/11/85 Signature of Operator or Agent Elaine Carlson Title as agent

MAR 1 1985

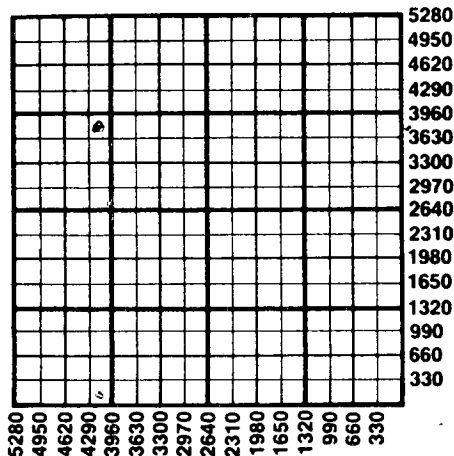
Must be filed with the K.C.C. five (5) days prior to commencing well  
This card void if drilling not started within six (6) months of date received by K.C.C.

STATE CORPORATION COMMISSION

RECEIVED

311-85

A Regular 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