

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date: 8 <sup>10</sup>/<sub>3</sub> 1984  
month day year

API Number 15- 099-22,102-00-00  
 East  
 West

OPERATOR: License # 7208  
Name Lorraine Cleaver  
Address Route 2  
City/State/Zip Colony, KS 66015  
Contact Person Lorraine Cleaver  
Phone (316) 963-7700

S./2 SW. Sec 7. Twp. 33 S, Rge. 18  
(location)  
.....1200..... Ft North from Southeast Corner of Section  
.....3750..... Ft West from Southeast Corner of Section  
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # 5687  
Name Sun Drilling  
City/State Box 54, Piqua, KS 66761

Nearest lease or unit boundary line 1200 feet.  
County Labette  
Lease Name John Seckman Well# 2  
Domestic well within 330 feet:  yes  no  
Municipal well within one mile:  yes  no

Well Drilled For: Well Class: Type Equipment:  
 Oil  Swd  Infield  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 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  
Approved By R.H./K.C.C 5-10-84

If OWWO: old well info as follows:

Operator .....  
Well Name .....  
Comp Date ..... Old Total Depth .....  
Projected Total Depth 700  
Projected Formation at TD .....  
Expected Producing Formations .....

**THIS PERMIT  
FEB 10 1985  
EXPIRES**

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

Date 7/31/84 Signature of Operator or Agent Lorraine Carlos Title as agent  
mhc/KDHE 8/10/84  
Form C-1 4/84

