

CARD MUST BE TYPED


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

CARD MUST BE SIGNED

Starting Date: ..... 10 ..... 1 ..... 84 .....  
month day year

API Number 15- 099-22185-00-00

OPERATOR: License # ..... 7208 .....

 SW ..... Sec 7 ..... Twp 33 S, Rge 18 .....  East  
(location)  West

Name ..... Loraine Cleaver .....

Address ..... Route 2 .....

City/State/Zip ..... Colony, Kss 66015 .....

Contact Person ..... Loraine Cleaver .....

Phone ..... 316 963 7700 .....

..... 1530 ..... Ft North from Southeast Corner of Section  
..... 4410 ..... 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 ..... 870 ..... feet.

County ..... ~~Labeete~~ .....

Lease Name Virginia Wheeler ..... Well# ..... 5 .....

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 .....

Ground surface elevation ..... feet MSL.

This Authorization Expires 4-1-85

Approved By DCH/KCC 10-1-84

If OWWO: old well info as follows:

Operator .....

Well Name .....

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

Projected Total Depth ..... 700 ..... feet

Projected Formation at TD .....

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 10-1-84 ..... Signature of Operator or Agent

*Raine Robles* Title

MHC/KOHE 10/1/84  
*As agent*

