

FOR KCC USE:

15-173-20886-00-00 FORM C-1 7/91

EFFECTIVE DATE 11-27-95
DISTRICT# 2
SGA?...Yes... No

State of Kansas
NOTICE OF INTENTION TO DRILL

FORM MUST BE TYPED
FORM MUST BE SIGNED
ALL BLANKS MUST BE FILLED

Must be approved by the K.C.C. five (5) days prior to commencing well

15' N OF W/2 NE NE
Spot

EXPECTED SPUD DATE: 11 22 95
month day year
Operator: License#: 30178
Name: OHAEBOSIM MEDICAL CLINIC, INC.
Address: 2810 EAST 21ST
City/State/Zip: WICHITA KS. 67214
Contact Person: HENRY WOFFORD
Phone: 316-262-1296

april E/2 E/2 NE NE Sec 12 Twp 26 S, Rg 02
645 feet from South / (North) Line of Section
990 feet from (East) / West Line of Section
IS SECTION XX REGULAR IRREGULAR?
NOTE: Locate well on the Section Plat on Reverse Side)

CONTRACTOR: License # 31617
Name: JAY MCKENZIE

COUNTY: SEDGEWICK
LEASE NAME: EDSON "B" WELL#: 4
Field Name: GREENWICH

Is this a Prorated/Spaced Field? yes XX no
Target Formation(s): MISSISSIPPI
Nearest lease or unit boundary: 645
Ground Surface Elevation: 1334 feet MSL
Water well within one-quarter mile: XXyes no
Public water supply well within one mile: yes XXno
Depth to bottom of fresh water: 100
Depth to bottom of usable water: 180
Surface Pipe by Alternate: XX 1 2
Length of Surface Pipe Planned to be set: 210
Length of Conductor Pipe required: NONE
Projected Total Depth: 2850
Formation at Total Depth: MISSISSIPPI
Water Source for Drilling Operations:
well farm pond XXother

Well Drilled For: Well Class: Type Equipment:
XX Oil Enh Rec XX Infield XX Mud Rotary
Gas Storage Pool Ext. Air Rotary
OWWO Disposal Wildcat Cable
Seismic; # of Holes Other
Other

If OWWO: old well information as follows:
Operator: _____
Well Name: _____
Comp. Date: _____ Old Total Depth _____

Directional, Deviated or Horizontal wellbore? yes XX no
If yes, true vertical depth: _____

Bottom Hole Location _____

AFFIDAVIT

RECEIVED
KANSAS CORPORATION COMMISSION

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55-101 et. seq.

It is agreed that the following minimum requirements will be met:

NOV 21 1995

1. Notify the appropriate district office prior to spudding of well.
2. A copy of the approved notice of intent to drill shall be posted on each drilling rig:
3. The minimum amount of surface pipe as specified below shall be set by circulating cement to the top. In all cases surface pipe shall be set through all unconsolidated materials plus a minimum of 20 feet into the underlying formation
4. If the well is dry hole, an agreement between the operator and district office on plug length and placement is necessary prior to plugging:
5. The appropriate district office will be notified before well is either plugged or production casing is cemented in:
6. IF AN ALTERNATE II COMPLETION, PRODUCTION PIPE SHALL BE CEMENTED FROM BELOW ANY USABLE WATER TO SURFACE WITHIN (120) DAYS OF SPUD DATE. IN ALL CASES, NOTIFY DISTRICT OFFICE PRIOR TO ANY CEMENTING.

CONSERVATION DIVISION
WICHITA, KS

I hereby certify that the statements made herein are true and to the best of my knowledge and belief.
Date: 11/21/95 Signature of Operator or Agent: Jay M. Eds Title AGENT
SEARCH INC., 316-265-5415

1517

FOR KCC USE: 173-208860000
API # 15-
Conductor Pipe required NONE feet
Minimum surface pipe required 200' feet per Alt. (1)X
Approved by: JK 11-22-95
This Authorization expires: 5-22-96
(This authorization void if drilling not started within 6 months of effective date.)
Spud date: _____ Agent: _____

17
26
22

REMEMBER TO:

- File Drill Pit Application (form CDP-1) with intent to Drill;
- File Completion Form ACO-1 within 120 days of spud date;
- File acreage attribution plat according to field proration orders;
- Notify appropriate district office 48 hour prior to workover or re-entry;
- Submit plugging report (CP-4) after plugging is completed;
- Obtain written approval before disposing or injecting salt water.

Mail to: KCC Conservation Office, Wichita State Office Building, 130 S. Market, Room 2078 Wichita, Ks 67202

IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

PLAT OF ACREAGE ATTRIBUTABLE TO A WELL IN A PRORATED OR SPACED FIELD

If the intended well is in a prorated or spaced field, please fully complete this side of the form. If the intended well is in a prorated or spaced field complete the plat below showing that the well will be properly located in relationship to other wells producing from the common source of supply. Please show all the wells within 1 mile of the boundaries of the proposed acreage attribution unit for gas wells and within 1/2 mile of the boundaries of the proposed acreage attribution unit for oil wells.

API NO. 15- _____
 OPERATOR _____
 LEASE _____
 WELL NUMBER _____
 FIELD _____

LOCATION OF WELL: COUNTY _____
 _____ feet from South / (North) line of section
 _____ feet from (East) / West line of section
 SECTION _____ TWP _____ RG _____

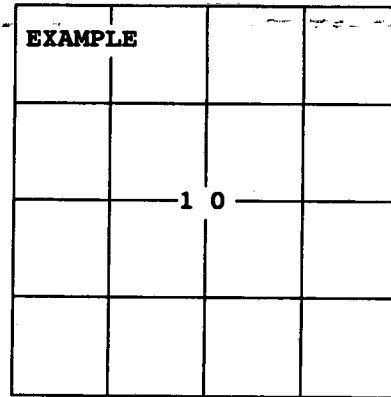
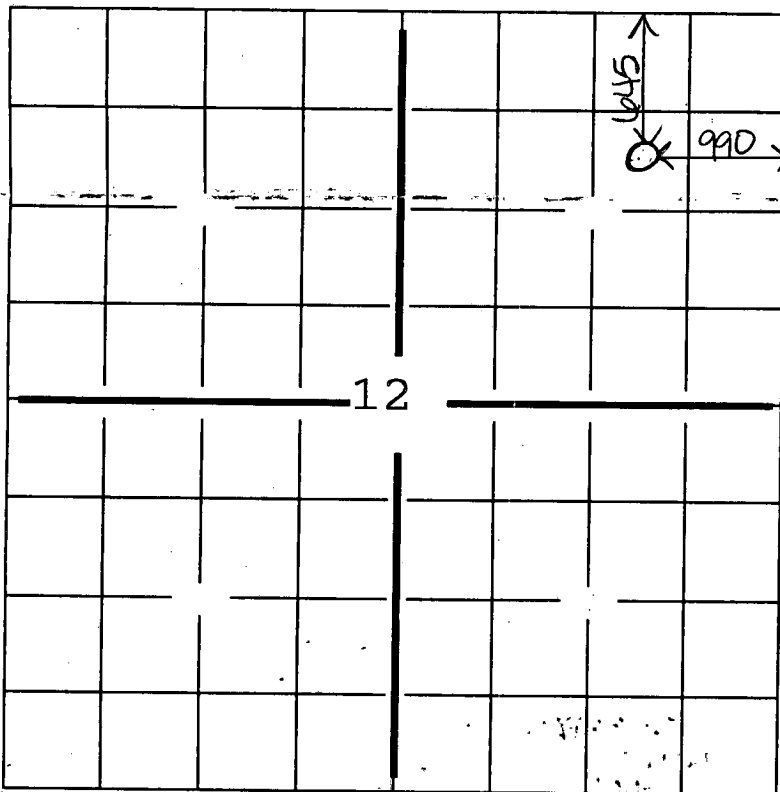
ACRES ATTRIBUTABLE TO WELL _____
 QTR/QTR/QTR OF ACREAGE _____

IS SECTION XX REGULAR or _____ IRREGULAR
IF SECTION IS IRREGULAR, LOCATE WELL FROM NEAREST CORNER BOUNDARY

Section corner used: _____ NE _____ NW _____ SE _____ SW

PLAT

(Show location of the well and shade attributable acreage for prorated or spaced wells.)
 (Show footage to the nearest lease or unit boundary line.)



SEWARD CO.

In plotting the proposed location of the well, you must show:

- 1) The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, 4 sections, etc.;
- 2) the distance of the proposed drilling location from the section's south/north and east/west lines; and
- 3) the distance to the nearest lease or unit boundary line.