

CARD MUST BE TYPED

# NOTICE OF INTENTION TO DRILL

State of Kansas  
(see rules on reverse side)

CARD MUST BE SIGNED

Starting Date: ..... October 1, 1984 .....  
month day year

API Number 15- 099-22,145-00-00

OPERATOR: License # 9897

.SE. NW. SW Sec .5. Twp 33 S, Rge 19  East  
(location)  West

Name ..... Alumni Oil Company

Address ..... P.O. Box 5660, 1801 Broadway, Ste. 1201

City/State/Zip ..... Denver, Colorado 80217

Contact Person ..... Lee Mossel

Phone ..... (303) 298-0722; (303) 751-9589

CONTRACTOR: License # 5379

Name ..... Kephart

City/State ..... RR. 1, Box 71, Thayer, KS. 66776

..... 1650.. Ft North from Southeast Corner of Section  
..... 4.290... Ft West from Southeast Corner of Section  
(Note: Locate well on Section Plat on reverse side)

Nearest lease or unit boundary line ..... 3.30 ..... feet.

County ..... Labette

Lease Name ..... Meeks ..... Well# .5-13A..

Domestic well within 330 feet:  yes  no

Municipal well within one mile:  yes  no

Well Drilled For: Well Class: Type Equipment:

- |   |                               |   |  |
|---|-------------------------------|---|--|
| <input 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 checked="" type="checkbox"/> Pool Ext. | <input checked="" type="checkbox"/> Air Rotary |
| <input type="checkbox"/> OWWO           | <input type="checkbox"/> Expl | <input type="checkbox"/> Wildcat              | <input type="checkbox"/> Cable                 |

If OWWO: old well info as follows:

Operator .....

Well Name .....

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

Projected Total Depth ..... 850 ..... feet

Projected Formation at TD ..... Mississippi Lime

Expected Producing Formations ..... Mississippi Lime, Bartlesville

Depth to Bottom of fresh water ..... None ..... feet

Lowest usable water formation ..... None

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 ..... None ..... feet

Ground surface elevation ..... feet MSL

This Authorization Expires ..... 3-24-85

Approved By ..... 9-24-84 [Signature]

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

Date ..... 9/19/84 ..... Signature of Operator or Agent

[Signature: Leroy Mossel]

Title ..... General Manager

mhc/none 9/24/84

