

CARD MUST BE TYPED

# NOTICE OF INTENTION TO DRILL

State of Kansas  
(see rules on reverse side)

CARD MUST BE SIGNED

Starting Date: JULY 8, 1985  
month day year

API Number IS- 125-27851-00-00

OPERATOR: License # 9455  
Name W. H. SMITHER II  
Address P.O. BOX 926  
City/State/Zip MESA, ARIZONA 85201  
Contact Person PAUL BARNES  
Phone (316) 289-4766

S1, SE1 (location) Sec 2 Twp 34 S, Rge 14  East  West

660 Ft North from Southeast Corner of Section  
1,320 Ft West from Southeast Corner of Section  
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # (6485)  
Name ~~SHEATHART~~ ROUTE #1 Palgaly O/C  
City/State HAVANNA, KANSAS

Nearest lease or unit boundary line 660 feet.

County MONTGOMERY  
Lease Name LINDLEY/BAKER Well# 11

Well Drilled For:	Well Class:	Type Equipment:
<input checked="" type="checkbox"/> Oil <input type="checkbox"/> Swd	<input checked="" type="checkbox"/> Infield	<input checked="" type="checkbox"/> Mud Rotary
<input type="checkbox"/> Gas <input type="checkbox"/> Inj	<input type="checkbox"/> Pool Ext.	<input type="checkbox"/> Air Rotary
<input type="checkbox"/> OWWO <input type="checkbox"/> Expl	<input 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 ..... Old Total Depth .....  
Projected Total Depth 750 feet  
Projected Formation at TD WAYSIDE  
Expected Producing Formations WAYSIDE

Depth to Bottom of fresh water ..... feet  
Lowest usable water formation .....  
Depth to Bottom of usable water 175 feet  
Surface pipe by Alternate: 1  2  20 feet  
Surface pipe to be set ..... feet  
Conductor pipe if any required ..... feet  
Ground surface elevation 840 ESTIMATE feet MSL

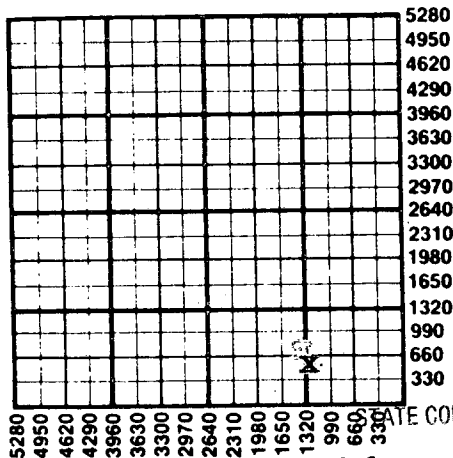
This Authorization Expires 12-17-85  
Approved By 6-17-85 *PC*

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

Date 6-9-85 Signature of Operator or Agent W. H. Smither II Title OWNER-OPERATOR  
*MHC/MOHE 6-17-85*

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.

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.

RECEIVED

STATE CORPORATION COMMISSION

JUN 17 1985

CONSERVATION DIVISION  
 Wichita, Kansas

State Corporation Commission of Kansas  
 Conservation Division  
 200 Colorado Derby Building  
 Wichita, Kansas 67202  
 (316) 263-3238

6-17-85