

**CARD MUST BE SIGNED**

Starting Date: .....8.....27.....1984.....  
month day year 10/51

**OPERATOR:** License # .....7208.....  
 Name ..Lorraine.Cleaver.....  
 Address ....Route.2.....  
 City/State/Zip .....Colony,.Ks.66015.....  
 Contact Person ...Lorraine.Cleaver.....  
 Phone .....316.963.7700.....

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

<b>Well Drilled For:</b>	<b>Well Class:</b>	<b>Type Equipment:</b>
<input checked="" type="checkbox"/> Oil <input type="checkbox"/> Swd	<input 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 checked="" type="checkbox"/> Wildcat	<input type="checkbox"/> Cable

**If OWWO: gld well info as follows:**

Operator .....

Well Name .....

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

Projected Total Depth ..... 900 ..... 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.**

API Number 15- 003-22,493-00-00

E/2 NE/4 . . . Sec . . . Twp . . . S, Rge . . . ☒ East  
(location) . . . ☐ West

2705 ..... Ft North from Southeast Corner of Section  
165 ..... Ft West from Southeast Corner of Section  
(Note: Locate well on Section Plat on reverse side)

Nearest lease or unit boundary line ..... 165 feet.  
County ..... Anderson

**Lease Name** .....Stanley Ludkey..... **Well#** ..1.....

**Domestic well within 330 feet :**      ☐ yes      ☒ no

**Municipal well within one mile :** ☐ yes ☒ no

**Depth to Bottom of fresh water .....20..... feet**

**Lowest usable water formation** .....

**Depth to Bottom of usable water ...125..... 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 2-24-85

Approved By 8-24-84 KE

Date 8/24/84 Signature of Operator or Agent

Barham ..... Title As agent  
MITC/DOHE 8/24/84 Form

8-24-84

RECEIVED  
 STATE CORPORATION COMMISSION  
 AUG 24 1984  
 follow :  
 Virginia  
 top  
 than 90 days of we  
 side 1,  
 workover or re-entry

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