

CARD MUST BE TYPED

NOTICE OF INTENTION TO DRILL

State of Kansas
(see rules on reverse side)

CARD MUST BE SIGNED

Starting Date: December 6, 1984
month day year

API Number 15- 065-22,122-00-00

OPERATOR: License # 4077
Name Kenyon-Hardman Oil Company
Address P. O. Box 112
City/State/Zip Hill City, Kansas 67642
Contact Person J. Blaine Hardman
Phone (913)-674-2213

122' N of East
NW.SW.NE. Sec .7. Twp .8. S, Rge .21. West
(location)

..3752..... Ft North from Southeast Corner of Section
..2310..... Ft West from Southeast Corner of Section
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # 8241
Name Emphasis Oil Operations
City/State P. O. Box 506, Russell, KS 67665-0506

Nearest lease or unit boundary line ...330..... feet.
CountyGraham.....

Lease Name ..Kenyon 'A'..... Well# 1.....

Domestic well within 330 feet: yes no
Municipal well within one mile: yes no

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

Depth to Bottom of fresh water80..... feet
Lowest usable water formation .Dakota.....
Depth to Bottom of usable water950..... feet
Surface pipe by Alternate: 1 2

If OWWO: old well info as follows:
Operator
Well Name
Comp Date Old Total Depth
Projected Total Depth3600..... feet
Projected Formation at TDArbuckle.....
Expected Producing FormationsArbuckle.....

Surface pipe to be set 250..... feet
Conductor pipe if any requiredNone..... feet
Ground surface elevationEst. 2055..... feet MSL.
This Authorization Expires 5-9-85
Approved By 12-4-84 *R*

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

Date 12-3-84 Signature of Operator or Agent

Joe Brannan
Title

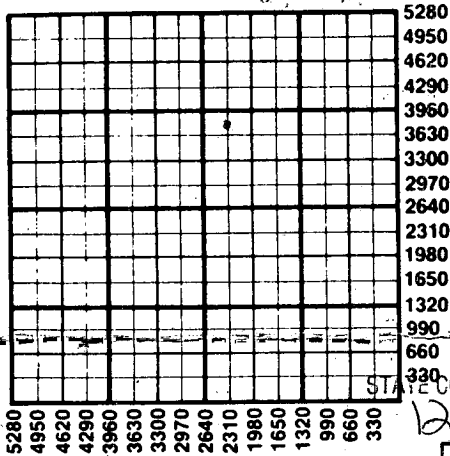
Agent

MHC/WONE 12/4/84

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.

Important procedures to follow:

**A Regular Section of Land
 1 Mile = 5,280 Ft.**



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.

RECEIVED If an alternate 2 completion, cement in the production pipe from below
 STATE CORPORATION COMMISSION If salt water to surface within 120 days of spud date.

12-4-84
 DEC 04 1984

CONSERVATION DIVISION
 Wichita, Kansas

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