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

FORM MUST BE SIGNED ALL BLANKS MUST BE FILLED

NOTICE OF INTENTION TO DRILL

04/07/00	East
Expected Spud Date04/26/89	SE. SW. NE sec .12 Twp .09 s, Rg .17 WWest
month day year	west
· · · · · · · · · · · · · · · · · · ·	
OPERATOR: License # 87.3.5.	1750 feet from East line of Section
Name: S.&. M. QIL. COMPANY	
	(Note: Locate well on Section Plat Below)
Address: 205. NORTH JEFFERSON	
City/State/Zip:PLAINVILLEKA.67.663.	County: ROOKS
Contact Person:STEVE.CRAWFORD	Lease Name: HRABE 'D' Well #: #2
Phone:(.913.)434-2829	Field Name:
	Is this a Prorated Field? yes .XX no
CONTRACTOR: License #:4083	Target Formation(s):ARBUCKLE
Name:WESTERN.KANSAS.DRILLING	Nearest lease or unit boundary:330
the state of the s	
	Ground Surface Elevation:1995 feet MSL
Well Drilled For: Well Class: Type Equipment:	Domestic well within 330 feet: yes .XX no
·	Municipal well within one mile: yes . X ¾ no
XX Oil Inj XX Infield XX Mud Rotary	Depth to bottom of fresh water: 16.5
Gas Storage Pool Ext Air Rotary	Depth to bottom of usable water:900
OWMO Disposal Wildcat Cable	Surface Pipe by Alternate: 1 .XX2
Seismic; # of Holes	Length of Surface Pipe Planned to be set: .200
	Length of Conductor pipe required: .米米米米米
If OWMO: old well information as follows:	
	Projected Total Depth:3400
Operator:	Formation at Total Depth:ARBUCKLE
Well Name:	Water Source for Drilling Operations:
Comp. Date: Old Total Depth	well .XX farm pond other
	DWR Permit #:
Directional, Deviated or Horizontal wellbore? yes	Will Cores Be Taken?: yes .XX no
If yes, total depth location:	If yes, proposed zone:
AFFIDAVIT	
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Notify appropriate district office 48 hours prior to workover or re-entry;

- Submit plugging report (CP-4) after plugging is completed; - Obtain written approval before disposing or injecting salt water.