

CARD MUST BE TYPED

# NOTICE OF INTENTION TO DRILL

State of Kansas  
(see rules on reverse side)

CARD MUST BE SIGNED

Starting Date: ..... 3 ..... 20 ..... 85 .....  
month day year

API Number 15- 065-22,149-00-00

OPERATOR: License # 5135

NW SE NW Sec 18 Twp 9 S, Rge 22  East  
(location)  West

Name John O. Farmer, Inc.

Address P.O. Box 352

City/State/Zip Russell, KS 67665

Contact Person Sam Farmer

Phone (913) 483-3144

..... 3630 ..... Ft North from Southeast Corner of Section

..... 3630 ..... Ft West from Southeast Corner of Section

(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # 5135

Name John O. Farmer, Inc.

City/State Russell, KS 67665

Nearest lease or unit boundary line ..... 990 ..... feet.

County Graham

Lease Name Ninemire Well# 1

Domestic well within 330 feet:  yes  no

Municipal well within one mile:  yes  no

Well Drilled For: Well Class: Type Equipment:

- Oil  Swd  Infield  Mud Rotary
- Gas  Inj  Pool Ext.  Air Rotary
- OWWO  Expl  Wildcat  Cable

Depth to Bottom of fresh water ..... 100 ..... feet

Lowest usable water formation ..... Dakota ..... feet

Depth to Bottom of usable water ..... 1200 ..... feet

Surface pipe by Alternate: 1  2

Surface pipe to be set ..... 250 ..... feet

Conductor pipe if any required ..... none ..... feet

Ground surface elevation ..... 2410 est. .... feet MSI.

This Authorization Expires 8-25-85

Approved By 2-25-85 *[Signature]*

If OWWO: old well info as follows:

Operator .....

Well Name .....

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

Projected Total Depth 3900 ..... feet

Projected Formation at TD L/KC

Expected Producing Formations L/KC

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

Date 2-22-85 Signature of Operator or Agent

*[Signature]*

Title Vice-president

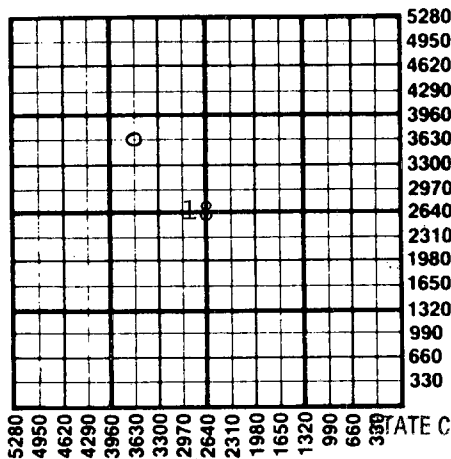
Form C-1 4/84

*MHC/MDHE 2-25-85*

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.

**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.
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

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

FEB 25 1985

CONSERVATION DIVISION  
Wichita, Kansas

2-25-85