

CARD MUST BE TYPED

State of Kansas  
**NOTICE OF INTENTION TO DRILL**

CARD MUST BE SIGNED

(see rules on reverse side)

Starting Date: ..Est.....10.....21.....88.....  
month day year

API Number 15- 179-20,851-00-00  
440 Loc

OPERATOR: License # .....6114.....

NW NW NW Sec 27 Twp 9 S, Rge 29  East  
(location)  West

Name .....DON E. PRATT.....

Address .....P.O. BOX 370.....

City/State/Zip .....HAYS, KANSAS 67601.....

Contact Person .....DON E. PRATT.....

Phone .....913-625-3446.....

4840 ..... Ft North from Southeast Corner of Section

4840 ..... Ft West from Southeast Corner of Section

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

CONTRACTOR: License # .....6033.....

Name .....MURFIN DRILLING COMPANY.....

City/State .....WICHITA, KANSAS 67202.....

Nearest lease or unit boundary line .....440..... feet.

County .....SHERIDAN.....

Lease Name .....CLARK..... Well# 4-27

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 .....180..... feet

Lowest usable water formation .....DAKOTA.....

Depth to Bottom of usable water .....1550..... feet

Surface pipe by Alternate: 1  2

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

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

Ground surface elevation .....Est. 2872..... feet MSL

This Authorization Expires .....4-15-86.....

Approved By .....0-14-85..... *R*

If OWWO: old well info as follows:

Operator .....

Well Name .....

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

Projected Total Depth .....4300..... feet

Projected Formation at TD .....Cong.....

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.\*Production casing will be cemented from any. to surfact if run at time of running.

Date .....10-12-85..... Signature of Operator or Agent

*Don Pratt* Title

Operator *RC4/KDHE*

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.

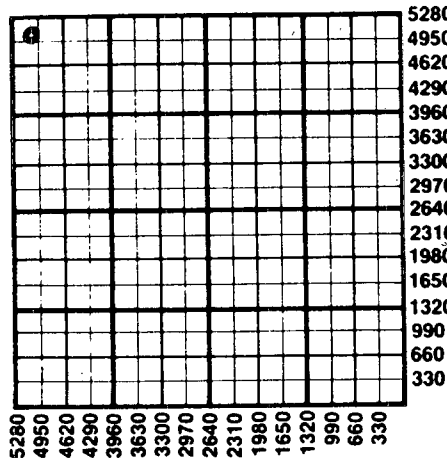
RECEIVED  
 STATE CORPORATION COMMISSION

OCT 15 1985  
 10-15-1985  
 CONSERVATION DIVISION  
 Wichita, Kansas

**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.

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



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