

FOR KCC USE:

FORM C-1 7/9

FORM MUST BE TYPE

FORM MUST BE SIGNED

ALL BLANKS MUST BE FILLED

EFFECTIVE DATE: 3-16-94

DISTRICT # 2

SSAT Yes No

State of Kansas

NOTICE OF INTENTION TO DRILL

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

Expected Spud Date March 11 1994 month day year

Spot Nw.NW.. SE.. NW.. Sec. 7... Twp. 26. S, Rg. 3... Eas: X Wes:

OPERATOR: License # 30178 Name: Ohaebosum Medical Clinic Address: 2810 E. 21st City/State/Zip: Wichita, Ks 67214 Contact Person: H. L. Wofford Phone: 316.262-1296

1480 feet from SW 1/4 / North line of Section 1475 feet from East / West line of Section

IS SECTION X REGULAR IRREGULAR

(NOTE: Locate well on the Section Plat on Reverse Side)

County: Butler

Lease Name: Edson Well #: 3

Field Name: Greenwich

Is this a Prorated/Spaced Field? yes X no

Target Formation(s): Simpson

Nearest lease or unit boundary: 990'

Ground Surface Elevation: 1336 feet MSL

Water well within one-quarter mile: yes X no

Public water supply well within one mile: yes X no

Depth to bottom of fresh water: 100'

Depth to bottom of usable water: 180'

Surface Pipe by Alternate: X 1 2

Length of Surface Pipe Planned to be set: 200'

Length of Conductor pipe required: N/A

Projected Total Depth: 3300'

Formation at Total Depth: Simpson

Water Source for Drilling Operations: well farm pond X other

DWR Permit #:

Will Cores Be Taken?: yes X no

If yes, proposed zone:

Well Drilled For: Well Class: Type Equipment:

- X. Oil ... Enh Rec ... Infield X. Mud Rotary ... Gas ... Storage ... Pool Ext. ... Air Rotary ... OWWO ... Disposal ... Wildcat ... Cable ... Seismic: ... # of Holes ... Other ... Other

If OWWO: old well information as follows:

Operator: Well Name: Comp. Date: Old Total Depth

Directional, Deviated or Horizontal wellbore? yes X no

If yes, true vertical depth:

Bottom-Hole Location:

AFFIDAVIT

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55-101, et. seq.

It is agreed that the following minimum requirements will be met:

- 1. Notify the appropriate district office prior to spudding of well; 2. A copy of the approved notice of intent to drill shall be posted on each drilling rig; 3. The minimum amount of surface pipe as specified below shall be set by circulating cement to the top; in all cases surface pipe shall be set through all unconsolidated materials plus a minimum of 20 feet into the underlying formation; 4. If the well is dry hole, an agreement between the operator and the district office on plug length and placement is necessary prior to plugging; 5. The appropriate district office will be notified before well is either plugged or production casing is cemented in; 6. IF AN ALTERNATE IS COMPLETED, PRODUCTION PIPE SHALL BE CEMENTED FROM BELOW ANY USABLE WATER TO SURFACE WITHIN 120 DAYS OF SPUD DATE. IN ALL CASES, NOTIFY DISTRICT OFFICE PRIOR TO ANY CEMENTING.

I hereby certify that the statements made herein are true and to the best of my knowledge and belief.

Date: March 11 1994 Signature of Operator or Agent: Title: agent

FOR KCC USE: API # 15- 015-23,3930000 Conductor pipe required NONE feet Minimum surface pipe required 200' feet per Alt. X Approved by: Date: 3-11-94 This authorization expires: 9-11-94 (This authorization void if drilling not started within 6 months of effective date.) Spud date: Agent:

RECEIVED KANSAS CORPORATION COMMISSION

MAR 11 1994

CONSERVATION DIVISION WICHITA, KS

REMEMBER TO:

- File Drill Pit Application (form CDP-1) with Intent to Drill; - File Completion Form ACD-1 within 120 days of spud date; - File acreage attribution plat according to field preparation orders; - 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.

Mail to: Conservation Division, 200 Colorado Derby Building, 202 W. First St., Wichita, Kansas 67202-1286.

7 26 36

IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

PLAT OF ACREAGE ATTRIBUTABLE TO A WELL IN A PRORATED OR SPACED FIELD

If the intended well is in a prorated or spaced field, please fully complete this side of the form. If the intended well is in a prorated or spaced field complete the plat below showing that the well will be properly located in relationship to other wells producing from the common source of supply. Please show all the wells within 1 mile of the boundaries of the proposed acreage attribution unit for gas wells and within 1/2 mile of the boundaries of the proposed acreage attribution unit for oil wells.

API NO. 15- \_\_\_\_\_  
 OPERATOR \_\_\_\_\_  
 LEASE \_\_\_\_\_  
 WELL NUMBER \_\_\_\_\_  
 FIELD \_\_\_\_\_

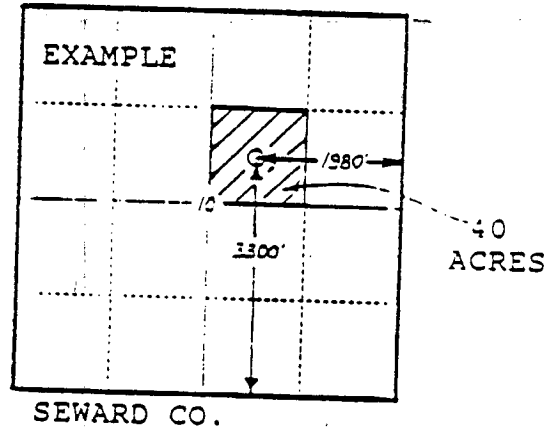
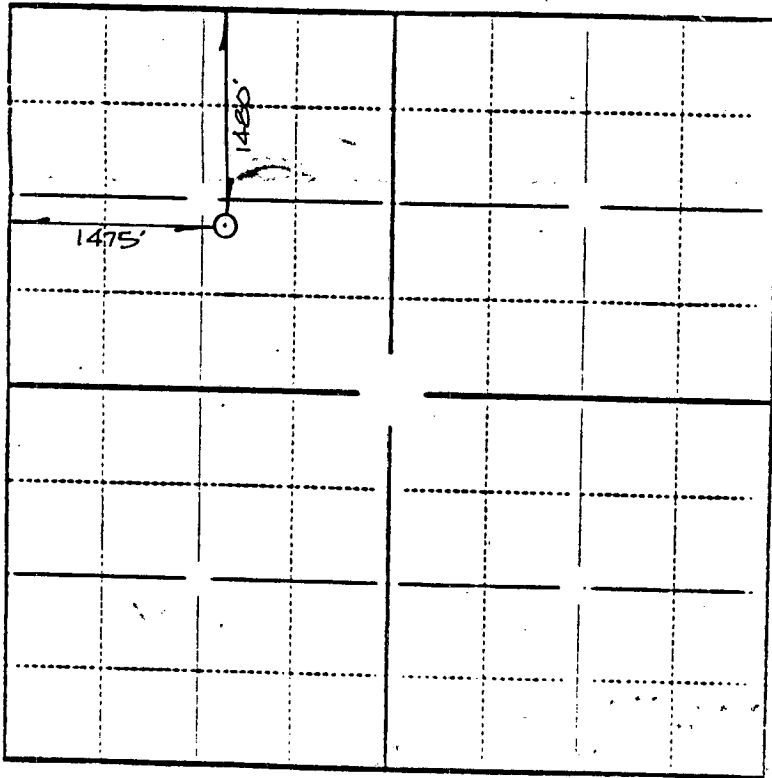
LOCATION OF WELL: COUNTY \_\_\_\_\_  
 \_\_\_\_\_ feet from south/north line of section  
 \_\_\_\_\_ feet from east/west line of section  
 SECTION \_\_\_\_\_ TWP \_\_\_\_\_ RG \_\_\_\_\_

NUMBER OF ACRES ATTRIBUTABLE TO WELL \_\_\_\_\_  
 QTR/QTR/QTR OF ACREAGE \_\_\_\_\_

IS SECTION \_\_\_\_\_ REGULAR or \_\_\_\_\_ IRREGULAR  
IF SECTION IS IRREGULAR, LOCATE WELL FROM NEAREST CORNER BOUNDARY.

Section corner used: \_\_\_\_\_ NE \_\_\_\_\_ NW \_\_\_\_\_ SE \_\_\_\_\_ SW  
PLAT

(Show location of the well and shade attributable acreage for prorated or spaced wells.)  
 (Show footage to the nearest lease or unit boundary line.)



In plotting the proposed location of the well, you must show:

- 1) The manner in which you are using the depicted plat (by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, 4 sections, etc.);
- 2) the distance of the proposed drilling location from the section's south/north and east/west lines; and
- 3) the distance to the nearest lease or unit boundary line.