FORM MUST BE TYPED FORM C-1 12/88

## State of Kansas NOTICE OF INTENTION TO DRILL

FORM MUST BE SIGNED ALL BLANKS MUST BE FILLED

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

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Expected Spud Date June 22, 1989	E/2 NW NE sec 23. Twp 10 s, Rg 33 XX West
	Sec Swp S, Rg West
month day year	4620'
	1650 feet from South line of Section
OPERATOR: License # 30128	feet from East line of Section
Name: Kenneth S. White and Carnes Exploi	$\operatorname{Catl}_{\mathcal{O}}^n$ (Note: Locate well on Section Plat Below)
Address: 73.771	
city/state/Zip: .WichitaKansas.67202	County: Thomas  Lease Name: Mollie Well #: 1  Field Name: Wildcat
Contact Person: Kenneth S. White	tease Name: Mollie Well #. 1
Phone: (316)263-4007	Field Name: Wildcat
	Is this a Prorated Field? yes XX no
CONTRACTOR: License #: 5.104.	Lancing
Name: Blue Goose Drilling Co Inc.	Nearest lease or unit boundary: 660'
nomes exercises es ses es ses es mande de mande de la prid de lem confession es	Ground Surface Elevation: .3143 feet MSL
Well Drilled For: Well Class: Type Equipment:	
Well Drilled For: Well Class: Type Equipment:	Domestic well within 330 feet: yes XX no
XX	Municipal well within one mile: yes XX. no
XXOil Inj Infield XX Mud Rotary	Depth to bottom of fresh water:250'
Gas Storage Pool Ext Air Rotary	Depth to bottom of usable water: 1900'
OMMO Disposal XX Wildcat Cable	Surface Pipe by Alternate: 1 XX. 2
Seismic; # of Holes	Length of Surface Pipe Planned to be set: 3.00 '
	Length of Conductor pipe required:none
If OHMO: old well information as follows:	Projected Total Depth:4700'
Operator:	Formation at Total Depth: Mississippi
Well Name:	Water Source for Drilling Operations:
Comp. Date: Old Total Depth	•
out out other control of the control	XX. well farm pond other
Directional Deviated on Manipuntal wellhand	DWR Permit #: Unknown at this time
Directional, Deviated or Horizontal wellbore? yes XX no	Will Cores Be Taken?: yes X.X. no
THE YEST LOCAL DEPTH LOCAL TONISMENT OF THE PROPERTY OF THE PR	If ton managed name
	yes, proposed-zone
AFFIDAY	
AFFIDAV	<u>ur</u> .
AFFIDAY  The undersigned hereby affirms that the drilling, completion and e	<u>ur</u> .
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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.