1-27-96

FORM MUST BE TYPED

FORM C-1 7/91

| 1               | State of Kansas              | FORM MUST BE SIGNE       |
|-----------------|------------------------------|--------------------------|
| ·· <del>-</del> | NOTICE OF INTENTION TO DRILL | ALL BLANKS HUST BE FILLE |
|                 |                              |                          |

| DISTRICT # 4                                                                                                                  | _                                                                                                            | NOTICE OF INTENT                                                                                                        |                                                                                                      | ALL BLANKS MUST BE FILLED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SEATYesNo                                                                                                                     | Hust be approve                                                                                              | d by the K.C.C. five                                                                                                    | (5) days prior to commen                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Expected Spud Date .Ja                                                                                                        | nuary 26                                                                                                     | 1996                                                                                                                    | NE NW SW                                                                                             | ec Twp .11 s. Rg 34 -X West                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| mont                                                                                                                          |                                                                                                              | year                                                                                                                    | / 2210 \                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                               | <b>~~~</b>                                                                                                   |                                                                                                                         | 2310                                                                                                 | eet from South / North line of Section<br>feet from East / West line of Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| OPERATOR: License #                                                                                                           | 5030                                                                                                         |                                                                                                                         | ✓ 4290<br>                                                                                           | feet from East / West line of Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Name: vess UI                                                                                                                 | i corporation                                                                                                | l<br>                                                                                                                   | 12 SECTION VV KEE                                                                                    | ILAK IKKEGULAKY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Address: .8100.E.                                                                                                             |                                                                                                              |                                                                                                                         | •                                                                                                    | on the Section Plat on Reverse Side)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| City/State/Zip:Wi                                                                                                             | chitaKS.672                                                                                                  | 22.6                                                                                                                    |                                                                                                      | •••••                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Contact Person:W.:                                                                                                            |                                                                                                              |                                                                                                                         |                                                                                                      | rtz well #: .1-24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Phone:316-                                                                                                                    | 682-153/                                                                                                     |                                                                                                                         | Field Name:Unna                                                                                      | med                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                               | 6000                                                                                                         | /                                                                                                                       | is this a Prorated/Sp                                                                                | aced Field? yes .X., no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| CONTRACTOR: License #:                                                                                                        | 6039                                                                                                         |                                                                                                                         | Target Formation(s):                                                                                 | LKC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Mame:L.DDr                                                                                                                    | illingTrc                                                                                                    | •••••                                                                                                                   | Nearest lease or unit                                                                                | boundary:330                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                               |                                                                                                              |                                                                                                                         | Ground Surface Elevat                                                                                | ion: 3141 feet MSL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Well Drilled For:                                                                                                             | Well Class:                                                                                                  | Type Equipment:                                                                                                         |                                                                                                      | -quarter mile: .X. yes no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                               |                                                                                                              | vv                                                                                                                      | Public water supply w                                                                                | ell within one mile: yes X no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| XX Oil Enh Re                                                                                                                 |                                                                                                              | .XXMud Rotary                                                                                                           | Depth to bottom of fr                                                                                | esh water:160!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Gas Storag                                                                                                                    |                                                                                                              | Air Rotary                                                                                                              | Depth to bottom of us                                                                                | able water: 1640!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| OWWO Dispos                                                                                                                   |                                                                                                              | Cable                                                                                                                   |                                                                                                      | nate:1X 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Seismic; # of H                                                                                                               |                                                                                                              |                                                                                                                         |                                                                                                      | e Planned to be set: 280!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| If OWNO: old well inform                                                                                                      |                                                                                                              | • • • • • • • • • • • • • •                                                                                             |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                               | <b></b>   0                                                                                                  |                                                                                                                         |                                                                                                      | pth. Miss.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ·                                                                                                                             |                                                                                                              |                                                                                                                         | Water Source for Dril                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                               | Old Total Dep                                                                                                |                                                                                                                         |                                                                                                      | XXvell farm pond other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                               | ota totat bap                                                                                                |                                                                                                                         |                                                                                                      | FOR FROM DUR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Directional, Deviated or                                                                                                      | r Horizontal wellbore                                                                                        | 7 Yes .XX no                                                                                                            |                                                                                                      | yes .XX no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| If yes, true vertical de                                                                                                      |                                                                                                              | *                                                                                                                       |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Bottom Hole Location                                                                                                          |                                                                                                              |                                                                                                                         | , , , , , , , , , , , , , , , , , , , ,                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                               |                                                                                                              | AFFIDAY                                                                                                                 | п .                                                                                                  | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| The undersigned hereby 101, et. seq.<br>It is agreed that the fo                                                              | •                                                                                                            |                                                                                                                         |                                                                                                      | is well will comply with K.S.A. 55-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 2. A copy of the ap<br>3. The minimum amore<br>surface pipe sha<br>4. If the well is<br>necessary prior<br>5. The appropriate | unt of surface pipe<br>Il be set through all<br>dry hole, an agreeme<br>to plugging;<br>district office will | ent to drill shall be<br>as specified below al<br>unconsolidated mater<br>at between the operat<br>be notified before w | posted on each drilling hall be set by circulating ials plus a minimum of 20 or and the district off | rig: ng cement to the top; in all cases feet into the underlying formation; ice on plug length and placement is production casing is comented in; BLE WATER TO SURFACE WITHIN 120 DAYS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| OF SPUD DATE. I                                                                                                               | M ALL CASES, NOTIFY I                                                                                        | DISTRICT OFFICE PRIOR                                                                                                   | TO ANY CEMENTING.                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| hereby certify that th                                                                                                        | e statements made her                                                                                        | ein are true and to                                                                                                     | the best of my knowledge                                                                             | and belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                               | . Signature of Operato                                                                                       | f A NV                                                                                                                  | Horas                                                                                                | Title Operations Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                               | FOR KCC USE:                                                                                                 |                                                                                                                         | <b>V</b>                                                                                             | STATE CORPORATION COMMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                               |                                                                                                              | 109-2060900                                                                                                             | 000                                                                                                  | STATE CORPORATION COMMUNICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| •                                                                                                                             | Conductor pl                                                                                                 | be Ledniced HOVE                                                                                                        | feet                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                               | Annequed by                                                                                                  | ace pipe required 2                                                                                                     | of feet per Alt. 🗴 📵                                                                                 | LAM 9 0 1/8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| •                                                                                                                             | white and par                                                                                                | TK 1-88-96                                                                                                              |                                                                                                      | JAN 2 9 19 \$2 1-22-1996                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                               | This authori                                                                                                 | zation expires:                                                                                                         | 7-22-96                                                                                              | CC1016-10-10-10-10-10-10-10-10-10-10-10-10-10-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                               | (This author                                                                                                 | ization void if drill                                                                                                   | ing not started within                                                                               | MINDER A LAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                               |                                                                                                              | effective date.)<br>Agen                                                                                                | ıt:                                                                                                  | The second of th |
|                                                                                                                               | 1                                                                                                            |                                                                                                                         |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

REMEMBER TO:

- File Drill Pit Application (form CDP-1) with Intent to Drill;

- File Completion Form ACO-1 within 120 days of spud date;

- File acreage attribution plat according to field proration orders;

- Motify 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.

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

## IN ALL CASES PLOT THE INTENTED WELL ON THE PLAT BELOW

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

If the intented well is in a prorated or spaced field, please fully complete this side of the form. If the intented 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.

LOCATION OF WELL:

COUNTY

| LEASE ·                                                                                       |                                         | feet from south/no:                                                    | rth line of section |
|-----------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------|---------------------|
| WELL NUMBER                                                                                   |                                         | feet from east/we:                                                     | st line of section  |
| FIELD                                                                                         | SECTION                                 | TWP                                                                    | RG                  |
| NUMBER OF ACRES ATTRIBUTABLE  QTR/QTR/QTR OF ACREAGE  (Show location of the well  (Show foota | IF SECTI<br>CORNER I<br>Section<br>PLAT | ON IS IRREGULAR, LOCAT DOUNDARY, corner used: NE creage for prorated o | NWSESW              |
|                                                                                               |                                         |                                                                        | ere i               |
|                                                                                               |                                         |                                                                        | <del>- 1</del>      |
|                                                                                               |                                         | EXAMPLE                                                                |                     |
|                                                                                               | -                                       | 1980-                                                                  |                     |
| 204                                                                                           | 70'                                     | 3300                                                                   | ACRES               |
|                                                                                               |                                         |                                                                        | -                   |
| 7310,                                                                                         |                                         | SEWARD CO.                                                             |                     |
|                                                                                               |                                         | . •                                                                    |                     |
|                                                                                               |                                         | • 1.                                                                   |                     |

## n plotting the proposed location of the well, you must show:

API NO. 15-OPERATOR

- ) 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.;
  - the distance of the proposed drilling location from the section's south/north and east/west lines; and
- the distance to the nearest lease or unit boundary line.