TYPE

2. Contractor _

NOTICE OF INTENTION TO DRILL

REMARKS: FEE_10-14-80

OPERATOR STATES THAT HE WILL COMPLY WITH K.S. A. 55-128

API Number _____OWNO (For office use only)

TO BE FILED WITH THE STATE CORPORATION COMMISSION

PRIOR TO COMMENCEMENT OF WELL

1. Operator Black Gold Oil Company

Address P. O. Box 26 Hays, Kansas 67601

3. Type of Equipment: Rotary_____ Cable Tool__X____

4. Well to be Drilled for: Oil Gas Gas Disposal X Input Other

5. Depth of Deepest Fresh Water within 1 mile _____50 6. Depth of Municipal Water Well within 3 miles 80

7. Depth to Protect all Fresh Water ______550 8. Amount of Surface Casing to be set ________ft.

Original Lease Ondrasek #2 Signature of Operator

This will be used assalt water disposal.

9. Alternate No. 1______ No. 2___X

Original Operator L. B. Stableford

Original Completion 1-8-54

Superior Well Service

Address Plainville, Kansas 67663

Sec. 4 Twp. 10 S Rge. 19 W

Nearest Lease Line 330 ft

Starting Date ______10-9-80

Spot Location NW NE SW

Lease Name Ondrasek

Well No. #2 SWD (OWWO)

Est. Total Depth _____1300

County Rooks County

First Class Postage

State Corporation Commission of Kansas Conservation Division

P.O. Box 17027 245 N. Water

Wichita, Kansas 67217 67202

CONSERVATION DIVISION Wichita, Kansas

STATE CORPORATION COMMISSION

(IF PREFERRED, MAIL IN ENVELOPE)