FORM MUST BE TYPED FORM C-1 12/88

State of Kansas NOTICE OF INTENTION TO DRILL

FORM MUST BE SIGNED ALL BLANKS MUST BE FILLED

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

| • | iust be approved by | the kidid. | Fact |
|--|---|---|--|
| Expected Spud Date | 17 | 90 | SW SW SE Sec 30. Twp 12 s, Rg 42 West |
| month | day | year | 407 |
| | C 4 1 7 | | |
| OPERATOR: License # | 6417 | | |
| Name: UNION PACIFIC R | ESOURCES COMP | ANY | (Note: Locate well on Section Plat Below) |
| Name: P.O. BOX 7 - Address: FORT W City/State/Zip: FORT W Contact Person: JOY L. Phone: 817/877-79 | MS 34U/ | | MALLACE |
| City/State/Zip: FURI WI | DRIH, IX /610 | 7.7-0007 | County: WALLACE Lease Name: PAULINE 34-30 Field Name: WILDCAT MISSISSIPPIAN TEST |
| Contact Person: | PROHASKA | | Lease Name: WILLINE 34-30 yell #. |
| Phone: 81//8//-/9 | 06 | | Field Name: WILDUM: MISSISSIPPIAN FEST |
| | • | | Is this a Prorated Field? |
| CONTRACTOR: License #: | 0033 | | Is this a Prorated Field? yes .X. no Target Formation(s): OIL - MORROW Nearest lease or unit boundary: 487. |
| Name: Murfin | 16/11/9 | | |
| | | | Ground Surface Elevation:38481 feet MSL |
| Well Drilled For: | Well Class: Ty | pe Equipment: | Domestic well within 330 feet: yes $$ no |
| | | | Municipal well within one mile: yes X no |
| .X. oil inj | Infield | . Mud Rotary | Depth to bottom of fresh water: |
| Gas Storage | Pool Ext | Air Rotary | Depth to bottom of usable water: 1900 2/00 |
| OWWO Disposal | .X. Wildcat | Cable | Surface Pipe by Alternate: 1 .△. 2 |
| Seismic; # of Holes | | | Length of Surface Pipe Planned to be set: 500 |
| | | | Length of Conductor pipe required: |
| If OWNO: old well information | | | Projected Total Depth: |
| Operator: | | | Formation at Total Depth: MISSISSIPPI |
| Well Name: | | | Water Source for Drilling Operations: |
| Comp. Date: | Old Total Depth | • | IDDICATION DITCH |
| · | | _ | DWR Permit #: IRRIGATION DITCH |
| Directional, Deviated or Hor | | | Will Cores Be Taken?: yes .X. no |
| If yes, total depth location: | • | | If yes, proposed zone: |
| | | | |
| | | AFFIDA | WIT |
| The undersigned hereby affirm | s that the drillin | g, completion and | eventual plugging of this well will comply with K.S.A. 55-101, |
| et. seq. | | | |
| It is agreed that the follow 1. The appropriate distr | • | | |
| * * * * | | | ll be set by circulating cement to the top; in all cases surface |
| pipe shall be set th | rough all unconsol | idated materials p | plus a minimum of 20 feet into the underlying formation; |
| | | | ed to the district office. An agreement between the operator |
| | | • | necessary prior to plugging; well is either plugged or production casing is cemented in; |
| | | | cemented from below any usable water to surface within 120 days |
| of spud date. In al | l cases, notify di | strict office pric | or to any cementing. |
| | | 1. | the best of my knowledge and belief. |
| Date: 1/11/90 Sig | nature of Operator | or Agent: | A Poliaske Title REGULATORY ANALYST. |
| ` | , included of operator | J.L. | PROHASKA |
| | 5280 | 3 F | FOR KCC USE: |
| ┵┼┼╂┼┼┼┼┼ | 4950 | e 31 | 101 # 15 199 - 20 187 - 100 - 100 Well 0 |
| ▗ ▎ ╏ ┆╏┼╏┼╏┼╏┼ | 4620 | JAN | API # 15- 199-20, 187-00-00 Conductor pipe required 1002 feet |
| | 4290 \$ | 2 ≥ : | Minimum surface pipe required 320 feet per Att. A (2) |
| ╶╏╏╏╏╏╎╏╏┞╏ ┼┼ ╏ ┼┼ | 3630 | | Approved by: 2 4 /- 12 - 80 |
| ╶┩╴┩╶┩╸┩╶┩╸┩╸┩╸┩╸┩╸┩ | 3300 | ると | EFFECTIVE DATE:/-/7- 20 This authorization expires:6-/2-20 |
| | 2970 2640 | 545 TA | (This authorization void if drilling not started within |
| ╶╏╏╏╏╏╏ | 2310 + 5 | 14×2 | 6 months of effective date.) |
| ▗▋▐▐▐▕▐ ▐ ▐ | 1980 N | | Spud date: |
| | 1320 | 0 32 | |
| ╒╏╏╏╏╏╏╏╏ | 990 | 3 | REMEMBER TO: |
| ╒╒┋┋┋┋ | 660 | - File Drill Pi | it Application (form CDP-1) with Intent to Drill; |

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

Submit plugging report (CP-4) after plugging is completed;
 Obtain written approval before disposing or injecting salt water.

- File acreage attribution plat according to field proration orders;

- Notify appropriate district office 48 hours prior to workover or re-entry;