

CARD MUST BE TYPED

*A*

State of Kansas \* [Replugging Old Well as per Dennis Anderson, KCC] **NOTICE OF INTENTION TO DRILL** CARD MUST BE SIGNED  
(see rules on reverse side)

Starting Date: ..... 10 ..... 24 ..... 84 .....  
month day year *1984*

API Number 15- *051-01,021-1000*  
SE SW SW Sec. 1 Twp. 13 S, Rge. 18  
(location)  East  West

OPERATOR: License # ..... 5114 .....  
Name .. NATIONAL DEVELOPMENT COMPANY .....  
Address 205 East Central - Suite 120 .....  
City/State/Zip Wichita, Kansas 67202 .....  
Contact Person Wayne Merchant .....  
Phone 316/267-1331 .....

330 Ft North from Southeast Corner of Section  
4290 Ft West from Southeast Corner of Section  
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # ..... 5386 .....  
Name .. Production Drilling, Inc. ....  
City/State Hays, Kansas 67601 .....

Nearest lease or unit boundary line ..... 330 ..... feet.  
County ..... Ellis .....  
Lease Name Crissman Well# 2-A

Well Drilled For: Well Class: Type Equipment:  
 Oil  Swd  Infield  Mud Rotary  
 Gas  Inj  Pool Ext.  Air Rotary  
 OWWO  Expl  Wildcat  Cable

Domestic well within 330 feet :  yes  no  
Municipal well within one mile :  yes  no

If OWWO: old well info as follows:  
Operator .. Alpine Oil & Royalty Co. ....  
Well Name .. Crissman "C" #1 .....  
Comp Date .. 11/9/56 ... Old Total Depth .... 3370 .....  
Projected Total Depth ..... 1328 ..... feet  
Projected Formation at TD .. Arbuckle .....

Depth to Bottom of fresh water ..... 100 ..... feet  
Lowest usable water formation .. Dakota .....  
Depth to Bottom of usable water ..... 750 ..... feet  
Surface pipe by Alternate : 1  2   
Surface pipe to be set ..... 205 ..... feet  
Conductor pipe if any required ..... feet  
Ground surface elevation ..... feet MSL  
This Authorization Expires *4-24-85*  
Approved By *10-24-84* *RE*

I certify that we will comply with K.S.A. 55-101, et seq., plus eventually plugging hole to K.C.C. specifications.

Date 10/24/84 Signature of Operator or Agent *Sally R. Byers* Title Office Manager  
Sally R. Byers *mhc WICHE 10/24/84*  
Form C-1 4/84

