

CARD MUST BE TYPED

State of Kansas  
**NOTICE OF INTENTION TO DRILL**  
(see rules on reverse side)

CARD MUST BE SIGNED

Starting Date: ..... 3 ..... 27 ..... 85 .....  
month day year 2:21

API Number 15- 051-24,201-00-00

OPERATOR: License # ..... 6280 .....  
Name ..... H K & W Oil Operators, Inc., .....  
Address ..... P. O. Box 1851 .....  
City/State/Zip ..... Salina, Kansas ..... 67401 .....  
Contact Person ..... Orville Kaufman .....  
Phone ..... 316/793-7327 .....

SW .. SE .. SW. Sec . 8 .. Twp . 13. S, Rge . 19.  East  
(location)  West

..... 330 ..... Ft North from Southeast Corner of Section  
..... 3630 ..... Ft West from Southeast Corner of Section  
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # ..... 5929 .....  
Name ..... DUKE DRILLING CO., INC. ....  
City/State ..... Great Bend, Kansas ..... 67530 .....

Nearest lease or unit boundary line ..... 330 ..... feet.  
County ..... Ellis .....  
Lease Name ..... Longo ..... Well# ..... 1 .....

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 .....  
Well Name .....  
Comp Date ..... Old Total Depth .....  
Projected Total Depth ..... 3850 ..... feet  
Projected Formation at TD ..... Arbuckle .....  
Expected Producing Formations ..... Arbuckle .....

Depth to Bottom of fresh water ..... 100 460 ..... 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 480 ..... feet  
Conductor pipe if any required ..... feet  
Ground surface elevation ..... feet MSL  
This Authorization Expires ..... 7-25-85 .....  
Approved By ..... 3-25-85 ..... *K*

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

Date ... 3/25/85 ..... Signature of Operator or Agent *Sally R. Byers* Title ..... Agent .....

Sally R. Byers

Form C-1 4/84

*MHC/DOME 3-25-85*

