FORM MUST BE TYPED	State of Kansas EXTENSION FORM MUST BE SIGNED
	ICE OF INTENTION TO DRILL 15-109-001/10- ALL BLAKE MIST BE ELLED
Must be approved by the	K.C.C. five (5) days prior to commencing well
Expected Spud Date October 15	1989 Am C S ¹ 2 NW ¹ 4 22. 13 33 V East
month day	1989 Ap. C. S_2^1 NW sec .22. Twp .13 s, Rg .33 \overline{X} West
month day	
OPERATOR: License #3248	
Name: Masters Operating Company	(Note: Locate well on Section Plat Below)
Address: 240 N. Rock Rd., #135	
City/State/Zip: Wichita, KS 67206 Contact Person: Robert T. Stolzle	
Phone: .(316). 682-8844.	The second of th
Phone: .()XV)VX4=.QVX4	
CONTRACTOR: License #:510.4	Is this a Prorated Field? yes X no Target Formation(s): Lansing-Kansas City
Name: Blue.Goose.Drilling	
	Ground Surface Elevation: 2899
Well Drilled For: Well Class: Type Ed	puipment: Domestic well within 330 feet: yes .X. no
V	Municipal well within one mile: yes .X. no
	popular bottom of fresh waters as a service se
Gas Storage X. Pool Ext Air X. DAMO Disposal Wildcat Cab	The same of the sa
A. DAMO Disposal Wildcat Cat Seismic; # of Holes	···· · · · · · · · · · · · · · · · · ·
	Length of Surface Pipe MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
if OMMO: old well information as follows:	Andrew 1 7 . 1 5
Operator: . Ponald. C Slawson	Formation at Total Depth: Kansas City
Well Name: Stoll."J" #1	Vater Source for Drilling Operations.
Comp. Date: .3/19/.86 Old Total Depth .45	
Directional Deviated on Benfauer Land	DWR Permit #:
Directional, Deviated or Horizontal wellbore?) If yes, total depth location:	/c3 110
A control of the cont	If yes, proposed zone:
Jan Miller and Market	AFFIDAVIT
	VLLIOVALI
The undersigned honeful office about 1 to 1	
The undersigned hereby affirms that the drilling, coret. seq.	repletion and eventual plugging of this well will comply with K.S.A. 55-101,
It is agreed that the following minimum requirements	mpletion and eventual plugging of this well will comply with K.S.A. 55-101,
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