

D.   
CARD MUST BE TYPED

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

CORRECTION  
CARD MUST BE SIGNED  
3-26-85

Starting Date: ..... 3 ..... 15 ..... 85 .....  
month day year

API Number 15- 051-01,030-00-01  
SW/4 NW/4 SW/4 Sec 27.. Twp 14.. S. Rge 17...  East  
(Location)  West

OPERATOR: License # 9796  
Name Robert Herl d/b/a Herl Oil Operations  
Address Route 1  
City/State/Zip Victoria, KS 67671  
Contact Person Robert Herl  
Phone (913) 735-2586

1650 ~~230~~ ..... Ft North from Southeast Corner of Section  
4950 ~~230~~ ..... Ft West from Southeast Corner of Section  
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # 5425  
Name DBS Cable Tool Co., Inc.  
City/State Hays, Kansas 67601

Nearest lease or unit boundary line ... 330 ..... feet.  
County ..... Ellis .....  
Lease Name ..... Heel ..... Well# 1 .....  
Domestic well within 330 feet :  yes  no  
Municipal well within one mile :  yes  no

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

Depth to Bottom of fresh water ..... 70 ..... feet  
Lowest usable water formation ..... 70 ..... Do. Kota .....  
Depth to Bottom of usable water ..... 70 ..... 500 ..... feet  
Surface pipe by Alternate : 1  2   
Surface pipe ~~tube~~ set ..... 223 ..... feet  
Conductor pipe if any required ..... N/A ..... feet  
Ground surface elevation ..... 1963 ..... feet MSI.  
This Authorization Expires ..... 6-28-85 .....  
Approved By ..... 2-28-85 ..... RC .....

If OWWO: old well info as follows:  
Operator Lion Oil Company  
Well Name #1 Catherine  
Comp Date 10-8-52 Old Total Depth 3505  
Projected Total Depth ..... 3512 ..... feet  
Projected Formation at TD Arbuckle  
Expected Producing Formations Arbuckle

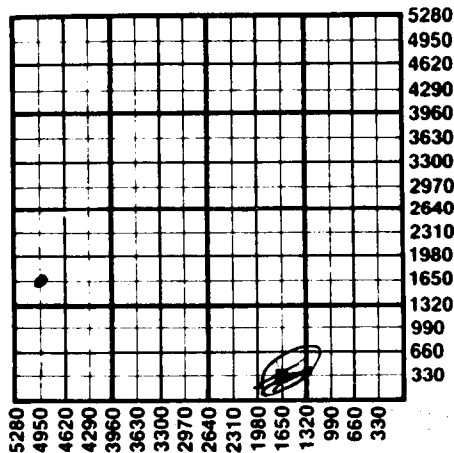
I certify that we will comply with K.S.A. 55-101, et seq., plus eventually plugging hole to K.C.C. specifications.

Date 2-27-85 Signature of Operator or Agent Robert Herl

Robert Herl Title Owner  
MHC/KOHE 2-28-85  
Wes. Four-way  
Form C-1 4/84

Must be filed with the K.C.C. five (5) days prior to commencing well  
This card void if drilling not started within six (6) months of date received by K.C.C.

A Regular Section of Land  
1 Mile = 5,280 Ft.



**Important procedures to follow :**

1. Notify District office before setting surface casing.
2. Set surface casing by circulating cement to the top.
3. File completion forms ACO-1 with K.C.C. within 90 days of well completion, following instructions on ACO-1, side 1, and including copies of wireline logs.
4. Notify District office 48 hours prior to old well workover or re-entry.
5. Prior to plugging, prepare a plugging plan, then obtain agreement from the appropriate district office for an approved plugging plan.
6. Submit plugging report (CP-4) to K.C.C. after plugging is completed.
7. Obtain an approved injection docket number before disposing of salt water.
8. Notify K.C.C. within 10 days when injection commences or terminates.
9. If an alternate 2 completion, cement in the production pipe from below any usable water to surface within 120 days of spud date.

State Corporation Commission of Kansas  
Conservation Division  
200 Colorado Derby Building  
Wichita, Kansas 67202  
(316) 263-3238

FEB 28 1985  
02-28-1985