## 15-169-20300-00.00

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

•	East
Expected Spud Date5/15/89	.C., N.W., S.W., sec .8 Twp .15 s, Rg .1 $\overline{\underline{X}}$ West
	1841 W. 4.4 Sec . 4 IMP 5, kg . J X West
month day year	1980 for four South Line of South
E220	**************************************
OPERATOR: License #5330	
Name: Excalibur Production Co Inc.	(Note: Locate well on Section Plat Below)
Address: P.O. Box 278.	, , , , , , , , , , , , , , , , , , , ,
city/state/zip: McPher.sonKS6.7.460	county: Saline
contact Person: Charles D. Johnson	County: Swanson
(216) 241 12cm	Lease Name: Swanson Well #: 4
Phone: (316). 241-1265.	Field Name:GILLMORE.NE
2000	Is this a Prorated Field? yes .X. no
CONTRACTOR: License #:	Target Formation(s): .Mississippian
CONTRACTOR: License #: 3980 Tornado Drilling, Inc.	Nearest lease or unit boundary:66.0.ft
	Ground Surface Elevation:1265. Est feet MSL
Hall Daillad Face. Hall Olave. Turn Facing.	
Well Drilled For: Well Class: Type Equipment:	Domestic well within 330 feet: yes .X no
	Municipal well within one mile: yes 🗶 no
X. Oil Inj $X$ . Infield $X$ . Mud Rotary	Depth to bottom of fresh water:80.f.t
Gas Storage Pool Ext Air Rotary	Depth to bottom of usable water: 1.25.ft./80
OWMO Disposal Wildcat Cable	Surface Pipe by Alternate: .X. 1 2
Seismic; # of Holes	• •
sersinc, w or notes	Length of Surface Pipe Planned to be set: .200
	Length of Conductor pipe required: NONE
If OWNO: old well information as follows:	Projected Total Depth:2790 \$\$ 200.50
Operator:	Formation at Total Depth: .Mississippian
Well Name:	Water Source for Drilling Operations:
Comp. Date: Old Total Depth	well farm pond X other
	DWR Permit #:
Directional, Deviated or Horizontal wellbore? yes X no	
birectionat, beviated or norizontal wellbore? yes no	Will Cores Be Taken?: yes .X. no
If yes, total depth location:	If yes, proposed zone:
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- Notify appropriate district office 48 hours prior to workover or re-entry; - Submit plugging report (CP-4) after plugging is completed;

- Obtain written approval before disposing or injecting salt water.