

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date: 10.....5.....84.....  
month day year

API Number 15- 169-20,190-A-0001

OPERATOR: License # 5330  
Name Excalibur Production Co., Inc.  
Address P.O. Box 278  
City/State/Zip McPherson, KS 67460  
Contact Person Charles D. Johnson  
Phone (316) 241-1271

C. NE/4.NE/4 Sec 18.. Twp 15.. S, Rge ... 1  
(location)  East  West

4620..... Ft North from Southeast Corner of Section  
.660..... Ft West from Southeast Corner of Section  
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # 5927  
Name Blackstone Drilling, Inc.  
City/State McPherson, KS

Nearest lease or unit boundary line .....660..... feet.  
County Saline.....

Lease Name Gilmore..... Well# 1A.....

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 Associated Petroleum Consultants, Inc.  
Well Name Gilmore #1  
Comp Date 10/82..... Old Total Depth 2755.....  
Projected Total Depth 2755..... feet  
Projected Formation at TD Mississippian.....  
Expected Producing Formations Mississippian.....

Depth to Bottom of fresh water .....200..... feet  
Lowest usable water formation .....  
Depth to Bottom of usable water 200..... feet  
Surface pipe by Alternate: 1  2   
Surface pipe ~~size~~ set .....262..... feet  
Conductor pipe if any required .....  
Ground surface elevation 1267..... feet MSL  
This Authorization Expires 3-25-85  
Approved By 9-25-84

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

Date 9/24/84 Signature of Operator or Agent Charles D. Johnson Title

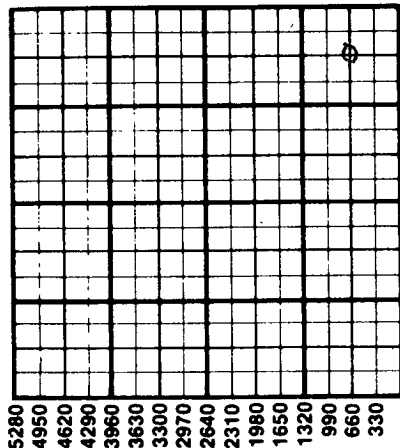
President

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.

**Important procedures to follow :**

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

STATE OF KANSAS  
 RECEIVED  
 9.25-84  
 SEP 25 1984



5280  
 4950  
 4620  
 4290  
 3960  
 3630  
 3300  
 2970  
 2640  
 2310  
 1980  
 1650  
 1320  
 990  
 660  
 330

CONSERVATION DIVISION  
 Wichita, Kansas

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**