

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date: ..... 10 ..... 23 ..... 1984  
month day year

API Number 15- 071-20,331-00-00

OPERATOR: License # ..... 7271 .....

C. NE. NE. NE/4 Sec .24. Twp .20. S, Rge 41. . .  East  
(location)  West

Name ..... Bartling Oil Co. ....

Address ..... 8550 Katy Fwy #128 .....

City/State/Zip ..... Houston TX 77024 .....

Contact Person ..... Carl S. Graef .....

Phone ..... 713-465-1093 .....

CONTRACTOR: License # ..... 6033 .....

Name ..... Murfin Drilling Co. ....

City/State ..... Wichita, Kansas .....

Well Drilled For: Well Class: Type Equipment:

- Oil  Swd  Infield  Mud Rotary
- Gas  Inj  Pool Ext.  Air Rotary
- OWWO  Expl  Wildcat  Cable

If OWWO: old well info as follows:

Operator .....

Well Name .....

Comp Date ..... Old Total Depth .....

Projected Total Depth ..... 3200 ..... feet

Projected Formation at TD ..... Council Grove .....

Expected Producing Formations ..... Winfield .....

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

Nearest lease or unit boundary line ..... 330 ..... feet.

County ..... Greeley .....

Lease Name ..... Houston ..... Well# 1 .....

Domestic well within 330 feet :  yes  no

Municipal well within one mile :  yes  no

Depth to Bottom of fresh water ..... 250 ..... feet

Lowest usable water formation ..... Cheyenne .....

Depth to Bottom of usable water ..... ~~1150~~ 1450 ..... feet

Surface pipe by Alternate : 1  2

Surface pipe to be set ..... 275 ..... feet

Conductor pipe if any required ..... none ..... feet

Ground surface elevation ..... 3625 ..... feet MSL

This Authorization Expires ..... 3-18-85 .....

Approved By ..... 9-17-84 ..... R

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

Date 9/5/84 Signature of Operator or Agent

*Carl S. Graef*

Title GEOLOGIST  
MHC/MOHE 9/1/84  
Form C-1 4/84

