

FOR KCC USE:

1-15-2001

15-071-20739-0000

FORM (-) 7/91  
FORM MUST BE TYPED  
FORM MUST BE SIGNED  
ALL BLANKS MUST BE FILLED

EFFECTIVE DATE: \_\_\_\_\_  
DISTRICT # \_\_\_\_\_  
SCAF... Yes... No

State of Kansas  
NOTICE OF INTENTION TO DRILL

Must be approved by the K.C.C. five (5) days prior to commencing well.

Expected Spud Date ..01.....13.....00.....  
month day year

APP NW NW SW Sec -06- Twp -20 S. Rg -39 West

.....2400.....feet from South North line of Section  
.....330.....feet from East / West line of Section  
IS SECTION —X— REGULAR — IRREGULAR?

(NOTE: Locate well on the Section Plat on Reverse Side)  
County: ..Greeley.....

Lease Name: ..Joy..... Well #: ..2.....  
Field Name: ..Bradshaw.....

Is this a Prorated/Spaced Field? ..X yes .. no

Target Formation(s): ..Minfield.....  
Nearest lease or unit boundary: ..330.....

Ground Surface Elevation: ..3544.3.....feet MSL  
Water well within one-quarter mile: .. yes ..X. no

Public water supply well within one mile: .. yes ..X. no  
Depth to bottom of fresh water: ..200'.....

Depth to bottom of usable water: ..200'..... 1400' PERMIAN

Surface Pipe by Alternate: .. 1 ..X. 2  
Length of Surface Pipe Planned to be set: ..220'.....

Length of Conductor pipe required: ..  
Projected Total Depth: ..2700.....

Formation at Total Depth: ..Minfield.....  
Water Source for Drilling Operations:  
.. well .... fara pond ..X. other

Will Cores Be Taken? .. yes ..X. no  
If yes, proposed zone: ..

OPERATOR: License # ...4094.....  
Name: Horseshoe Operating, Inc.....  
Address: 500 W. Texas, Suite 1190.....  
City/State/Zip: Midland, Tx 79703.....  
Contact Person: S. L. Burns.....  
Phone: (915) 683-1448.....

CONTRACTOR: License #: ..ADVISE ON ACO-1.....  
Name: ..

Well Drilled For: Well Class: Type Equipment:  
... Oil ... Enh Rec ..X Infield ..K. Mud Rotary  
..X. Gas ... Storage ... Pool Ext. ... Air Rotary  
... OBMW ... Disposal ... Wildcat ... Cable  
... Seismic ... # of Holes ... Other  
... Other .....

If OWMW: old well information as follows:  
Operator: ..  
Well Name: ..  
Comp. Date: .. Old Total Depth ..  
Directional, Deviated or Horizontal wellbore? .. yes ..X. no  
If yes, true vertical depth: ..  
Bottom Hole Location: ..

**AFFIDAVIT**

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55-101, et. seq.

It is agreed that the following minimum requirements will be met:

- 1. Notify the appropriate district office prior to spudding of well;
- 2. A copy of the approved notice of intent to drill shall be posted on each drilling rig;
- 3. The minimum amount of surface pipe as specified below shall be set by circulating cement to the top; in all cases surface pipe shall be set through all unconsolidated materials plus a minimum of 20 feet into the underlying formation;
- 4. If the well is dry hole, an agreement between the operator and the district office on plug length and placement is necessary prior to plugging;
- 5. The appropriate district office will be notified before well is either plugged or production casing is cemented in;
- 6. IF AN ALTERNATE IS COMPLETED, PRODUCTION PIPE SHALL BE CEMENTED FROM BELOW ANY USABLE WATER TO SURFACE WITHIN 120 DAYS OF SPUD DATE. IN ALL CASES, NOTIFY DISTRICT OFFICE PRIOR TO ANY CEMENTING.

I hereby certify that the statements made herein are true and to the best of my knowledge and belief.

Date: ..12/29/00.... Signature of Operator or Agent: .. Title: ..TREASURER

FOR KCC USE: 071-20739-0000  
API # 15  
Conductor pipe required NONIS feet  
Minimum surface pipe required 220 feet per ALL. K 2  
Approved by: JK 1-10-2001 7-10-2001  
This authorization expires: \_\_\_\_\_  
(This authorization void if drilling not started within 6 months of effective date.)  
Spud date: \_\_\_\_\_ Agent: \_\_\_\_\_

2000  
01-09-01

6  
20  
39W

**REMEMBER TO:**

- File Drill Pit Application (form DP-1) with Intent to Drill;
- File Completion Form ACO-1 within 120 days of spud date;
- File acreage attribution plat according to field proration orders;
- 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.

Mail to: KCC - Conservation Division, 130 S. Market - Room 2076, Wichita, Kansas 67202.

# PLAT AND CERTIFICATION OF ACREAGE ATTRIBUTABLE TO A GAS WELL

Kansas Corporation Commission, Conservation Division  
 Finney State Office Building, 130 South Market, Room 2078  
 Wichita, Kansas 67202

API NUMBER \_\_\_\_\_ LOCATION OF WELL: COUNTY Greeley

OPERATOR Horseshoe Operating, Inc.

LEASE Joy 2400 feet from south / north line of section

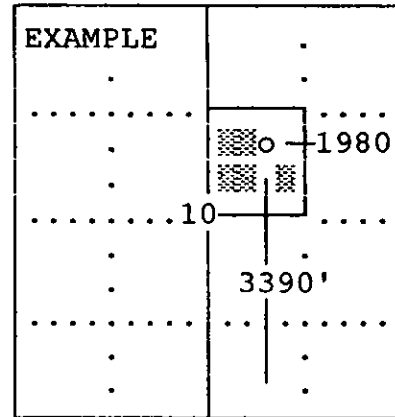
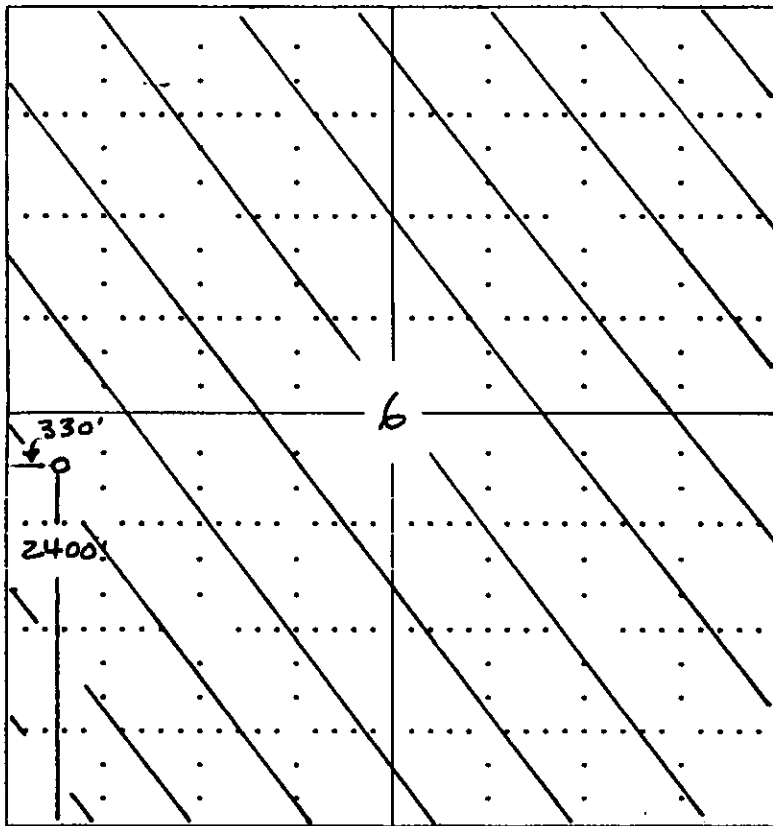
WELL NUMBER 2 330 feet from east / west line of section

FIELD Bradshaw

NUMBER OF ACRES ATTRIBUTABLE TO WELL 640  
 QTR/QTR/QTR OF ACREAGE All Sec 6 205-39w

SECTION 06 TWP 20 (S) RG 39 E (W)  
 IS SECTION X REGULAR or IRREGULAR  
 IF SECTION IS IRREGULAR, LOCATE WELL FROM  
 NEAREST CORNER BOUNDARY. (check line below)  
 Section corner used: NE NW SE SW

(Show the location of the well and shade attributable acreage for prorated or spaced wells).  
 (Show the footage to the nearest lease or unit boundary line; and show footage to the nearest common source supply well).



SEWARD CO.

The undersigned hereby certifies as Treasurer (title) for Horseshoe Operating, Inc. (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of my knowledge and belief, that all acreage claimed attributable to the well named herein is held by production from that well and hereby make application for an allowable to be assigned to the well upon the filing of this form and the State test, whichever is later.

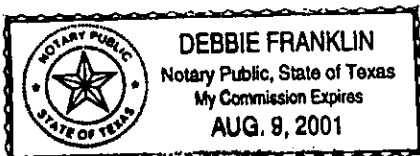
Signature \_\_\_\_\_

Subscribed and sworn to before me on this 29 day of December, 2000

Debbie Franklin

Notary Public RECEIVED My  
 KANSAS CORPORATION COMMISSION FORM CG-8 (02/94)

Commission expires 8-9-2001



JAN 08 2001

CONSERVATION DIVISION