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

Expected Spud Date NOV.e	mber13	1989	Ap. C. SE SW. sec 30. Twp 17 s, Rg 30 XX West
month	day	year	-
OPERATOR: License #3	988		
Name: SLAWSON EXPL	ORATION COMP	ANY INC.	Makes Least with the first time of Section
Name: YLTMYYN LAN L	Prooduce Su	////	(Note: Locate well on Section Plat Below)
Address:104. South.	biloadwaysh	7000 4465	
city/State/Zip:W.i.Chi			· County:LANE
Contact Person:BObJ	enkins		Lease Name: RAMSEY. "W" Well #: .1
Phone: .(.316)263-3	201		Field Name: .Wil.dcat
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Is this a Prorated Field? yes yes
CONTRACTOR: License #:	6030	*.	Target Formation(s):MISSISSIPPIAN
Name: .LDDRILLING		• • • • • • • • • • • • • • • • • • • •	Nearest lease or unit boundary:660'. Ground Surface Elevation:2895' GR (Seis) _{feet MSL}
			Ground Surface Elevation: 2895 GR (SEIS) feet MSL
Well Drilled For:	Well Class:	Type Equipment:	Domestic well within 330 feet: yes X no
			Municipal well within one mile: yes X no
X. oil Inj	Infield	X Mud Rotary	Depth to bottom of fresh water: 150 180
•	Pool Ext.	•	Depth to bottom of usable water: .1200'
OWWO Disposal		Cable	Surface Pipe by Alternate: 1 X 2
Seismic; # of Holes			Length of Surface Pipe Planned to be set:3401
			Length of Conductor pipe required:NQNR
If OMMO: old well informati	on as follows:		Projected Total Depth:4600!
Operator:			Formation at Total Depth:MISSISSIPPIAN
Well Name:			Water Source for Drilling Operations:
•			
Comp. Date:	old folat bep	JUI	Water. X well farm pond other
		V	DWR Permit #:889-045
Directional, Deviated or Ho			Will Cores Be Taken?: yes no
If yes, total depth location	ni: T. F.		11-yes, proposed zone:
		a.	
		ACCIO	****
		AFFID	<u>AVII</u>
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The undersigned hereby affi	rms that the dril		eventual plugging of this well will comply with K.S.A. 55-101,
et. seq.		ling, completion and	eventual plugging of this well will comply with K.S.A. 55-101,
et. seq. It is agreed that the follo	wing minimum requ	ling, completion and	eventual plugging of this well will comply with K.S.A. 55-101,
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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.

THE WAR

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