

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date: 8-18-85
month day year

API Number 15- 135-22,872-00-00

OPERATOR: License # 6177
Name: Foxfire Exploration, Inc.
Address: 1022 Union Center
City/State/Zip: Wichita, Kansas 67202
Contact Person: D. C. Marchant/Maxine Starr
Phone: (316) 265-6296

NW NW NW Sec. 29 Twp. 18. S, Rge 25. East West
(location)
4950 Ft North from Southeast Corner of Section
4950 Ft West from Southeast Corner of Section
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # 8430
Name: Foxfire Drilling Co., Inc.
City/State: Box 133, WaKeeney, Kansas 67672

Nearest lease or unit boundary line 330 feet.
County: Ness
Lease Name: Johnson 'A' Well# 1

Well Drilled For: Well Class: Type Equipment:
 OH 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: _____
Well Name: _____
Comp Date: _____ Old Total Depth: _____
Projected Total Depth: 4450 feet
Projected Formation at TD: Mississippian
Expected Producing Formations: Miss Warsaw

Depth to Bottom of fresh water 50 feet
Lowest usable water formation: Dakota
Depth to Bottom of usable water 725 feet
Surface pipe by Alternate: 1 2
Surface pipe to be set 210 feet
Conductor pipe if any required: N.A. feet
Ground surface elevation: 2465 Est. feet MSI.
This Authorization Expires: 1-12-86
Approved By: 7-12-85 [Signature]

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

IF PRODUCTIVE, THE UPPER STAGE PRODUCTION GAS WILL BE COMPLETED THROUGH A PORT COLLAR AFTER COMPLETION.
Date: 7-11-85 Signature of Operator or Agent: [Signature] Title: President
D. C. Marchant
RCM for KDHE Form C-1 4/84

