State of Kanses MOTICE OF INTENTION TO DRILL

FORM C-1 7/91 FORM HUST BE TYPED FORM MUST BE SIGNED ALL SLAKES HUST BE FILLED

EFFECTIVE DATE:

| SGA7YesHe | Must be approve | d by the K.C.C. five | (5) days prier te commenci | ng well |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------|
| Expected Spud Date | 8 15 | 92 | Spet NE SW NW se | 9 Twp 16 s, Rg 30 X West |
| | month day | year | | et from South / North Line of Section |
| OFERATOR: License # | 047.82 | | 4290 | et from East / West line of Section |
| Name: | nsign Operating C | 9 | IS SECTION X REGUL | AR IRREGILARY |
| | 21.17th.StSuite | | (MOTE: Locate well | on the Section Plat on Reverse Side) |
| | Denxer, .Coloradi | | county:Lane | |
| Contact Person: . | JCSimmons | • • • • • • • • • • • • • • • • • • • • | Lease Name: DOLL Fa | mily.Trustice:1-9 |
| - | 13)293-9999 | | Field Name: | dcat |
| CONTRACTOR. License | ud date K | CO mias. | | ced Field? yesX. no Mississippian |
| Name: T.O. JAIQ | ud date | | | boundary:990 |
| | | | | on:2684 feet MSL |
| Well Drilled Fo | r: Well Class: | Type Equipment: | | querter mile: yes no |
| v | | v | | ll within one mile: yes no |
| X 01L En | | .X Mud Rotary | | sh weter:130 |
| Gas St | - | Air Rotary | | ble weter: .1300 |
| | sposal Wildcat of Holes Other | Cable | Surface Pipe by Altern | |
| | or notes other | | | Planned to be set:27.5 |
| | nformation as follows: | **************** | | 4450 |
| Operator: | | | | eh:Mississippian |
| Well Hame: | | ****** | Water Source for Drill | |
| Comp. Date: | Old Total De | pth | | well farm pond X other |
| | | v | DWR Permit #: | |
| | ed or Horizontal wellber | - | | yesX. no |
| | al depth: | | If yes, proposed zone: | |
| BULLOW HOLD COCOLIO | ff | AFFIDA | VIT | • |
| | | | · | |
| The undersigned her 101, et. seg. | eby affirms that the dr | illing, completion an | d eventual plugging of th | is well will comply with K.S.A. 55- |
| | he following minimum req | uirements will be met | I | |
| 4 Madda sha | annonnalata district all | | | · |
| | appropriate district off the appropriate district of the approved matter of the approximation | | or well; e posted on each drilling | ria: |
| 3. The minima | amount of surface pipe | as specified below: | shall be set by circulati | ng cament to the top; in all cases |
| surface pip | e shall be set through a | il unconsolidated mate | rials plus a minimum of 20 | feet into the underlying fermation; co on plug length and placement is |
| necessary p | rior to plugging; | | | |
| 5. The appropr | late district office wil | l be netified before | well is either plugged er | production casing is comented in: |
| | 'E. IN ALL CASES, NOTIFY | | | SLE WATER TO SURFACE WITHIN 120 DAYS |
| I hereby certify th | | | the best of my knowledge | and belief. |
| Date: 7/2/92 | Signature of Opera | itor or Agent: . Comm | i smith | . title Sr Engineering . Tech. |
| | FOR KCC US | | | |
| | API # 15- | 701-21630-0 | ∞ | |
| | Conductor | pipe required None | foot | • |
| | Minimum su | orface pipe required a | 200' feet per Alt. (2) | 10 |
| | App. cocc | V. <u>Carba 7 (-1,</u> | | 1 * |
| | | rization expires: 1 | | • |
| | | orization void 17 dri of effective date.) | lling not started within | RECEIVED |
| | Spud date: | * _ | ent: | STATE CORPORATION COMM SHOW |
| | | REJEKRE | t TO: | SHOW SHOW |
| | - File Orill Pit Ap | plication (form CDP-1 |) with Intent to Drill; | _ JUL 9 1000 I |
| | - File Completion ! | days of spud date; | 1-9-9-97 | |
| | | | g to field preration order hours prior to workover o | SONSERVATION |
| | - Submit plugging : | eport (CP-4) after pl | ugging is completed; | |
| Mail to: Conservat | octain Written ap: ien Divisien, 200 Celeri | pprovat betore disposi Mde Derby Building, 20 | ng or injecting salt water 2 W. First St., Wichits, D | · |
| | | | | |

IN ALL CASES PLOT THE INTENTED WELL ON THE PLAT BELOW

PLAT OF ACREAGE ATTRIBUTABLE TO A WELL IN A PROPATED OR SPACED FIELD

If the intented well is in a prorated or spaced field, please fully complete this side of the form. If the intented well is in a prorated or spaced field complete the plat below showing that the well will be properly located in relationship to other wells producing from the common source of supply. Please show all the wells within 1 mile of the boundaries of the proposed acreage attribution unit for gas wells and within 1/2 mile of the boundaries of the proposed acreage attribution unit for oil wells.

| API NO. 15- OPERATOR LEASE WELL NUMBER FIELD NUMBER OF ACRES ATTRIBUTABLE TO WELL QTR/QTR/QTR OF ACREAGE | SECTION TWP RG | | |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| (Show location of the well and shade attr | CORNER BOUNDARY. Section corner used: NE NW SE SW PLAT ributable acreage for prorated or spaced wells.) est lease or unit boundary line.) | | |
| | EXAMPLE 3300' 40 ACRES | | |

In plotting the proposed location of the well, you must show:

- 1) The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, 4 sections, etc.;
- 2) the distance of the proposed drilling location from the section's south/north and east/west lines; and
- 3) the distance to the nearest lease or unit boundary line.