

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date: ..... April 19, 1985  
month day year *2:15*

API Number 15- *101-21,164-0000*

OPERATOR: License # 5181  
Name DONALD C. SLAWSON  
Address 200 Douglas Building  
City/State/Zip Wichita, Kansas 67202  
Contact Person Bill Horigan  
Phone (316) 263-3201

SW .SW .NW. ... Sec .10. Twp .17SS, Rge 29W  East  West  
(location)

...2940'..... Ft North from Southeast Corner of Section  
...4970'..... Ft West from Southeast Corner of Section  
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # 5657  
Name SLAWSON DRILLING CO.  
City/State Wichita, Kansas 67202

Nearest lease or unit boundary line .....330'..... feet.  
County ..... Lane.....  
Lease Name .Thon. 'A'..... Well# 1.....

Well Drilled For: Well Class: Type Equipment:  
 Oil  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 .....4600... feet  
Projected Formation at TD .....Miss.....  
Expected Producing Formations .....

Depth to Bottom of fresh water .....120' 120' mhc ..... feet  
Lowest usable water formation .....Dakota.....  
Depth to Bottom of usable water .....1050'..... feet  
Surface pipe by Alternate: 1  2   
Surface pipe to be set .....360'..... feet  
Conductor pipe if any required ..... feet  
Ground surface elevation .....2808'..... feet MSL  
This Authorization Expires .....10-18-85.....  
Approved By .....4-18-85 *lc*.....

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

Date 4/18/85 Signature of Operator or Agent ..... Title

Manager/Geologist

Eldon S. West III

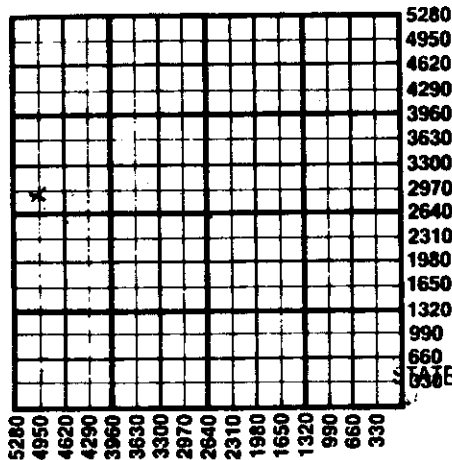
*mhc/udhf 4-18-85*  
Form C-1 4/84

Must be filed with the K.C.C. five (5) days prior to commencing well  
This card void if drilling not started within six (6) months of date received by K.C.C.

\*Circulate alternative cementing material per 82-3-106(b)4.

**Important procedures to follow:**

**A Regular Section of Land  
1 Mile = 5,280 Ft.**



1. Notify District office before setting surface casing.
  2. Set surface casing by circulating cement to the top.
  3. File completion forms ACO-1 with K.C.C. within 90 days of well completion, following instructions on ACO-1, side 1, and including copies of wireline logs.
  4. Notify District office 48 hours prior to old well workover or re-entry.
  5. Prior to plugging, prepare a plugging plan, then obtain agreement from the appropriate district office for an approved plugging plan.
  6. Submit plugging report (CP-4) to K.C.C. after plugging is completed.
  7. Obtain an approved injection docket number before disposing of salt water.
  8. Notify K.C.C. within 10 days when injection commences or terminates.
- If an alternate 2 completion, cement in the production pipe from below any usable water to surface within 120 days of spud date.

RECEIVED  
STATE CORPORATION COMMISSION  
APR 12 1985  
04-18-1985  
WICHITA CONSERVATION DIVISION  
Wichita, Kansas

State Corporation Commission of Kansas  
Conservation Division  
200 Colorado Derby Building  
Wichita, Kansas 67202  
(316) 263-3238