

**CARD MUST BE SIGNED**

**Starting Date:** .....12.....20.....85.....  
month day year

API Number 15- 165-21,279-0000

**OPERATOR:** License # 6343  
 Name Yost Oil Operations  
 Address Box 811  
 City/State/Zip Russell, Kansas 67665  
 Contact Person Blond Farmer  
 Phone 913-483-4947

**CONTRACTOR:** License # 8241  
Name ..... Emphasis Oil Operations  
City/State ..... Russell, Ks. 67665

<b>Well Drilled For:</b>	<b>Well Class:</b>	<b>Type Equipment:</b>
<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Infield	<input checked="" type="checkbox"/> Mud Rotary
<input type="checkbox"/> Gas	<input type="checkbox"/> Pool Ext.	<input type="checkbox"/> Air Rotary
<input type="checkbox"/> OWWO	<input checked="" type="checkbox"/> Wildcat	<input type="checkbox"/> Cable
<input type="checkbox"/> Swd		
<input type="checkbox"/> Inj		
<input type="checkbox"/> Expl		

**If OWWO: old well info as follows:**

Operator .....  
Well Name .....  
Comp Date ..... Old Total Depth .....  
Projected Total Depth Mississippi Cherokee feet  
Projected Formation at TD Mississippi .....  
Expected Producing Formations 4470 .....

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

NW..SE..NW... Sec19..Twp19..S, Rge20.. ☐ East  
(location) ☒ West

**..3630..... Ft North from Southeast Corner of Section**  
**..3630..... Ft West from Southeast Corner of Section**  
 (Note: Locate well on Section Plat on reverse side)

Nearest lease or unit boundary line .....990..... feet.  
County ....Rush.....  
Lease Name .Schlegel..... Well# ..1.....  
Domestic well within 330 feet :      ☐ yes      ☒ no  
Municipal well within one mile :      ☐ yes      ☒ no

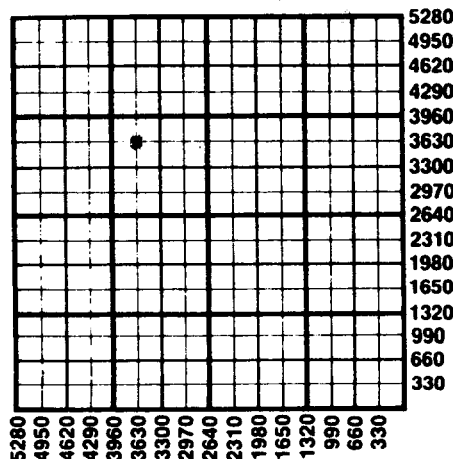
Depth to Bottom of fresh water ... 55.0 ..... feet  
 Lowest usable water formation .. Dakota .....  
 Depth to Bottom of usable water .. 55.0 ..... feet  
 Surface pipe by Alternate :    1 ☒    2 ☐  
 Surface pipe to be set ..... 600 ..... feet  
 Conductor pipe if any required ..... feet  
 Ground surface elevation ..... NA ..... feet MSL  
 This Authorization Expires 6-27-85  
 Approved By RCH/KCC 12-27-84

Date 12-26-84 Signature of Operator or Agent Blond Famer Title Geologist

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.

RECEIVED  
STATE CORPORATION COMMISSION

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



Important procedures to follow:

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.
9. If an alternate 2 completion, cement in the production pipe from below any usable water to surface within 120 days of spud date.

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