## State of Kansas NOTICE OF INTENTION TO DRILL

FORM MUST BE SIGNED ALL BLANKS MUST BE FILLED

Must be approved by the K.C.C. five (5) days prior to commencing well

Expected Spud Date 5 89	C SE SW 21. Twp S, Rg $\overline{x}$ West
month day year	660
00400	
OPERATOR: License #	3300 feet from East line of Section
Name:!tang.packtic.pttcorporacton	(Note: Locate well on Section Plat Below)
Address:410 One Main Place	Dorah
city/State/Zip: .Wichita,.Ks67202	County: Rush Lease Name: Neumann Well #: 1
Contact Person:Alan.DBanta	tease Name:
Phone:316-262-3596	Field Name: Schedal NE Ext.
	Is this a Prorated Field? yes X no
CONTRACTOR: License #:05841	Target Formation(s): Mississippi Nearest lease or unit boundary:330
Name:Trans.Pac.Drilling,.Inc	Nearest lease or unit boundary:550
	Ground Surface Elevation: feet MSL
Well Drilled For: Well Class: Type Equipment:	Domestic well within 330 feet: yes
X	Municipal well within one mile: yesX. no
Oil Inj Infield * Mud Rotary	Depth to bottom of fresh water: $150$
Gas Storage Pool Ext Air Rotary OMMO Disposal Wildcat Cable	Depth to bottom of usable water:
•	Surface Pipe by Alternate: 1 X 2
Seismic; # of Holes	Length of Surface Pipe Planned to be set:
If OMMO: old well information as follows:	Length of Conductor pipe required:
Operator:	formation at Total Booth. Mississippi
Well Name:	Water Source for Drilling Operations:
Comp. Date: Old Total Depth	.X well farm pond other
· ·	
Directional, Deviated or Horizontal wellbore? yes no	DWR Permit #: Will Cores Be Taken?:
If yes, total depth location:	If yes, proposed zone:
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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.