

CARD MUST BE TYPED

NOTICE OF INTENTION TO DRILL

CARD MUST BE SIGNED

State of Kansas
(see rules on reverse side)

Starting Date: 8 15 85
month day year

API Number is- 135-22,790-A 0001

OPERATOR: License # 7200

C S/2 SE/4 Sec 24 Twp 16 S, Rge 26 East West
(location)

Name Scott T. Lutz

Address P. O. Drawer D

City/State/Zip Shell Knob, Missouri 65747

Contact Person H. L. Maddox

Phone 316-653-4178

.....660..... Ft North from Southeast Corner of Section

.....1320..... Ft West from Southeast Corner of Section

(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License #

Name Not Selected

City/State

Nearest lease or unit boundary line 660 feet.

County Ness

Lease Name Nichapor Well# 3

Domestic well within 330 feet: yes no

Municipal well within one mile: yes no

Well Drilled For: Well Class: Type Equipment:

- Oil Swd Infield Mud Rotary
- Gas Inj Pool Ext. Air Rotary
- OWWO Expl Wildcat Cable

Depth to Bottom of fresh water 80 feet

Lowest usable water formation Dakota

Depth to Bottom of usable water 1200 - 1000 feet

Surface pipe by Alternate: 1 2

Surface pipe ~~to be~~ set ..has been set at 328..... feet

Conductor pipe if any required and cemented from... feet

Ground surface elevation ..328! to surface.... feet MSI.

This Authorization Expires with 200 sacks cement 2-9-86

Approved By 8-9-85 RCH Fork OHE

If OWWO: old well info as follows:

Operator Scott T. Lutz

Well Name #3 Nichapor

Comp Date 4-22-85 Old Total Depth 4580

Projected Total Depth 4500 feet

Projected Formation at TD

Expected Producing Formations

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

WASH DOWN DRY HOLE FOR SWD WELL, AS PER APPLICATION ATTACHED.

Date 8-7-85 Signature of Operator or Agent

Scott T. Lutz

Title OWNER - OPERATOR

long string will be immediately completed

Form C-1 4/84

