

EFFECTIVE DATE: 9-27-92

State of Kansas

FORM MUST BE TYPED

DISTRICT # 1

NOTICE OF INTENTION TO DRILL

FORM MUST BE SIGNED

SGAT... Yes No

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

ALL BLANKS MUST BE FILLED

Expected Spud Date 09 26 92
month day year

Spot SW - SE - SW, Sec 24 Twp 19 S, Rg 22 X W

OPERATOR: License # 8996
Name: Mid Continent Resources, Inc.
Address: P.O. Box 399
City/State/Zip: Garden City, KS 67846
Contact Person: Scott Corsair
Phone: 913-398-2270

330 feet from South / North line of Section
3630 feet from East / West line of Section
IS SECTION REGULAR IRREGULAR

(NOTE: Locate well on the Section Plat on Reverse Side)
County: Ness

Lease Name: Gillig Well #: 1-24
Field Name: Schaben

Is this a Prorated/Spaced Field? yes no
Target Formation(s): Cherokee

Nearest lease or unit boundary: 330
Ground Surface Elevation: 2260 est. feet M

Water well within one-quarter mile: yes no
Public water supply well within one mile: yes no

Depth to bottom of fresh water: 400
Depth to bottom of usable water: 725

Surface Pipe by Alternate: 1 2
Length of Surface Pipe Planned to be set: 250

Length of Conductor pipe required: NA
Projected Total Depth: 4400

Formation at Total Depth: Mississippian
Water Source for Drilling Operations:

... well farm pond oth

DWR Permit #: _____
Will Cores Be Taken?: yes no
If yes, proposed zone: _____

Well Drilled For:	Well Class:	Type Equipment:
<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Enh Rec	<input checked="" type="checkbox"/> Mud Rotary
<input type="checkbox"/> Gas	<input type="checkbox"/> Storage	<input type="checkbox"/> Air Rotary
<input type="checkbox"/> OWWO	<input type="checkbox"/> Disposal	<input type="checkbox"/> Wildcat
<input type="checkbox"/> Seismic	<input type="checkbox"/> # of Holes	<input type="checkbox"/> Cable
<input type="checkbox"/> Other	<input type="checkbox"/> Other	

If OWWO: old well information as follows:
Operator: _____
Well Name: _____
Comp. Date: _____ Old Total Depth _____

Directional, Deviated or Horizontal wellbore? yes no
If yes, true vertical depth: _____
Bottom Hole Location: _____

AFFIDAVIT

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 5 101, et. seq.
It is agreed that the following minimum requirements will be met:

1. Notify the appropriate district office prior to spudding of well;
2. A copy of the approved notice of intent to drill shall be posted on each drilling rig;
3. The minimum amount of surface pipe as specified below shall be set by circulating cement to the top; in all cas surface pipe shall be set through all unconsolidated materials plus a minimum of 20 feet into the underlying formatio
4. If the well is dry hole, an agreement between the operator and the district office on plug length and placement necessary prior to plugging;
5. The appropriate district office will be notified before well is either plugged or production casing is cemented in;
6. IF AN ALTERNATE IS COMPLETION, PRODUCTION PIPE SHALL BE CEMENTED FROM BELOW ANY USABLE WATER TO SURFACE WITHIN 120 DA OF SPUD DATE. IN ALL CASES, NOTIFY DISTRICT OFFICE PRIOR TO ANY CEMENTING.

I hereby certify that the statements made herein are true and to the best of my knowledge and belief.
Date: 9-21-92 Signature of Operator or Agent: Scott Corsair Title: Agent

FOR KCC USE:
API # 15- 135-23708-0000
Conductor pipe required None feet
Minimum surface pipe required 200 feet per Alt X @
Approved by: C.B. 9-25-92
This authorization expires: 3-25-92
(This authorization void if drilling not started within 6 months of effective date.)
Spud date: _____ Agent: _____

REMEMBER TO:

- File Drill-Plat Application (form CDP-1) with Intent to Drill;
- File Completion Form ACO-1 within 120 days of spud date;
- File acreage attribution plat according to field proration orders;
- 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.

Mail to: Conservation Division, 200 Colorado Derby Building, 202 W. First St., Wichita, Kansas 67202-1286.

RECEIVED
KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
WICHITA, KS
SEP 22 1992
9-22-92

24 19 22

IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

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

If the intended well is in a prorated or spaced field, please fully complete this side of the form. If the intended 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 Mid Continent Resources, Inc.
LEASE Gillig
WELL NUMBER 1-24
FIELD Schaben

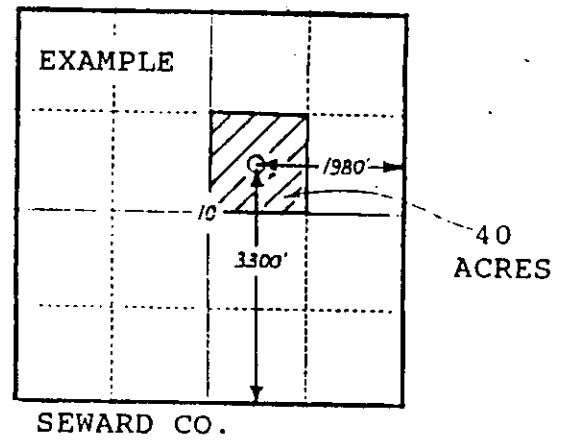
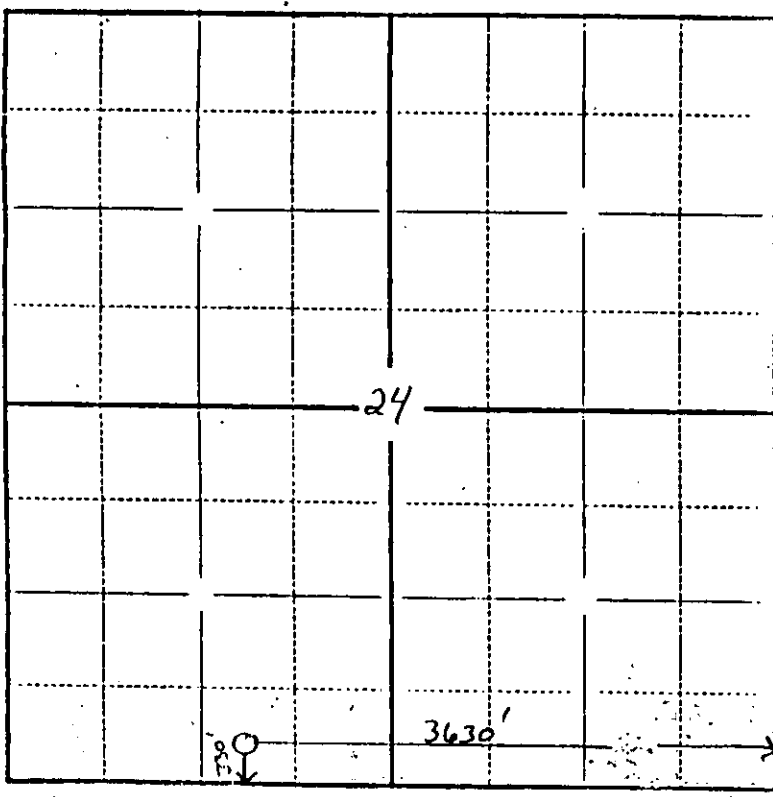
LOCATION OF WELL: COUNTY Ness
330 feet from south/north line of section
3630 feet from east/west line of section
SECTION 24 TWP 19S RG' 22W

NUMBER OF ACRES ATTRIBUTABLE TO WELL 10
QTR/QTR/QTR OF ACREAGE SW - SE - SW

IS SECTION X REGULAR or _____ IRREGULAR
IF SECTION IS IRREGULAR, LOCATE WELL FROM NEAREST CORNER BOUNDARY.

Section corner used: _____ NE _____ NW _____ SE _____ SW
PLAT

(Show location of the well and shade attributable acreage for prorated or spaced wells.)
(Show footage to the nearest lease or unit boundary line.)



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.