FORM C-1 7/91
FORM MUST BE TYPED
ORM MUST BE SIGNED

EFFECTIVE DATE 1-16-9	9	State of K	ansas	FORM MUST BE SIGNE	D
NOTICE OF INTENTION TO DRILL	DIST #1	ALL BLANKS MI	JST BE FILLED SG	A? Yes 🗶 No Must be approved by the	eK(
five (S) days prior to commer	- - :				
	,		Spot APPRO	γ .	_
Expected Spud Date January	11	1999	- NE/4	Sec 20 Twp 33 S Rg 13	ja:
month	day	year		<u>y</u>	we:
	•	-	✓ 1320	feet from Seuth / North line of Sec	ti
OPERATOR License 3273		/	/ 1370	feet from East / West line of Sec	
Mama Herman L. Loeb			***************************************	REGULAR X IRREGULARS	-
Address P. O. Box 524				te well on the Section Plat on reverse side)	
Address P. O. Box 524 City/State/Zip Lawrencev George A	ille, IL 62439		County Barb	ce well on the section riat on reverse side;	
Contact Person George A.	Pavne		Lease Name	McKee well ~ 6	
Phone (812) 853-3813			Lease Name	Medicine Lodge	
Phone (012) 003 3013					**
CONTRACTOR License # 510	T 5105		is this a Pro	rated/Spaced Field? yes X no	
Name Clarke Corporation	. 510-5	······································	Target Format	tion(s) Swope, Smyderville, Elgin	
Name Canal Corporation			Nearest lease	or unit boundary 1320 ft	
				ce Elevation 1677 fee	
Well Drilled For	Well Class	Type Equipment	Water well wi	thin one-quarter mile yes yes yes	
J			Public water	supply well within one mile yes	
♪ 0il Enh Rec	X Intfield	X Mud Rotary	Depth to bot	tom of fresh water 100 ft /	
🎝 Gas Storage		Air Rotary	Depth to both	tom of usable water 180 ft /	*******
.x OWWO Disposal	Wildcat	Cable	Surface Pipe	by Alternate X 1 2	
Seismic # of Holes	Other		Length of Su	rface Pipe Planned to be set 291 ft 🖊	
Other			Length of Co	nductor pipe required NONC	
If OWWO: old well informat	ion as follows		Projected To	tal Depth 4400 ft	
Operator Barbara Oil Co	•	W	Formation at	Total Depth Marmaton	
Well Name McKee #6 A	.PI 15-007-10310			for Drilling Operations	
Comp Date 7/6/39	Old Total Dept	_h 4631 ft		well farm pond X	otł
	-		DWR Permit #		
Directional, Deviated or Hor	izontal vellbore7	yes X no	Will Cores B	e Taken7yes X no	
If yes, true vertical depth				osed zone	
Bottom Hole Location			12 102, 6106	-	******
,		AFFID	Δ VTΨ		
			<u> </u>		
The undersigned hereby affi	rms that the dril	lling completion a	nd eventual pluggi	ng of this well will comply with K.S.A.	5
101, et seq.				• •	
It is agreed that the follow	ving minimum requ	irements will be m	et		
1. Notify the appropriat	te district offic	e prior to spudding	of well:		
2. A copy of the approve	ed notice of inte	nt to drill shall	be posted on each	drilling rig:	
The minimum amount of	surface pipe as s	specified below shat	ll be set by circul	ating cement to the top; in all cases sur	fa
pipe shall be set th	rough all unconso	lidated materials	plus a minimum of	20 feet into the underlying formation.	
		t between the oper	ator and the dist	rict office on plug length and placemen	.t
necessary prior to		he notified before	well is either nl	ugged or production casing is cemented i	. n .
6. IF AN ALTERNATE II CO	MPLETION, PRODUCT	ION PIPE SHALL BE (EMENTED FROM BELO	W ANY USABLE WATER TO SURFACE WITHIN 120	DA
OF SPUD DATE. IN AL	L CASES NOTIFY DI	STRICT OFFICE PRICE	OR TO ANY CEMENTIN	G.	
I hereby certify that the s	tatements made he	rein are true and	to the best of By	knowledge and belief	
Date 1/7/99 Si	gnature of Operato	or or Agent Sco	ren a. Oax	Title Petroleum Engineer	
51	Juacure of Operaco	or or Agent/		Title Teboleum Lighten	******
	I FOR KCC USE	^^			
	1 API # 15	12-001-10	2 <u>310</u> 0001	DECEMEN	
	I Conductor pi	pe required NON Face pipe required	feet	RECEIVED	
	I minimum surf	ace pipe required	feet per A	Alt(1)X KANSAS CORPORATION COMM	_
	I Whbioned by	7K 1-11-0	E1	 .	90
	I This author	ization expires	7-11-99	.IAM On 1000	U
		rization void it dr		JAN 08 1999	
		effective date,)		\`*``\-8-99	
			Agent	CONSERVATION DIVISION	N
	1	B. 61 - 61 - 61	nn ma	WICHITA, KS	w
_ 54	ila Deill Die ne-1	REMEME -lication (for- CDP			Ü
		rm ACO-1 within 120			
				tion orders; workover or re-entry	17.
		oort (CP-4) after p			עע

IN ALL CASES PLOT THE INTENTED WELL ON THE PLAT BELOW PLAT OF ACREAGE ATTRIBUTABLE TO A WELL IN A PROPRATED OR SPACED FIELD

If the intented well is in a prorated or spaced field, please fully complete this side the form. If the intented well is in a prorated or spaced field complete the plat bel 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 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.

	. 15- <u>007</u>										
OPERATOR Herman L. Loeb LEASE McKee WELL NUMBER 6 FIELD Medicine Lodge							LOCATION OF WELL: COUNTY Barber				
						1320		eet from south/north line of secti			
							1370 feet from east/west line of sect				
						SECTION 20	SECTION 20 TWP 33S RG 13W				
NUMBER OF ACRES ATTRIBUTABLE TO WELLQTR/QTR/QTR OF ACREAGE						IF SECTION CORNER BO	IS SECTION REGULAR or X IRREGULAR IF SECTION IS IRREGULAR, LOCATE WELL FROM NEARE CORNER BOUNDARY.				
						Section co	orner used: X NI	ENWSESW			
(Show	locati					tributable acr	eage for prorate unit boundary li	d or spaced wells. ne.)			
		•	•		•	:		ECEIVED RPORATION COMMISSION			
		• • • • •		• • • •	• • • • • •	. 1320					
		•	•	•	•			N 08 1999			
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	1.			•		1370	CONS	SERVATION DIVISION WICHITA, KS			
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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.
1 section, a section with 8 surrounding sections, 4 sections, etc.;

SEWARD CO.

- 2) the distance of the proposed drilling location from the section's south/north a east/west; and
- 3) the distance to the nearest lease or unit boundary line.