FOR KCC USE:		**CORRE	CTED**			FORM C-1 7/91	
						RM MUST BE TYPE	
EFFECTIVE DATE: 12	-15-98	State	of Kansas		FOR	M MUST BE SIGNED)
DISTRICT#		NOTICE OF	INTENTION TO D	RILL	ALL BLA	NKS MUST BE FILLED	
SGA? YES	NO Must be	approved by the K.	C.C. five (5) days	orior to commen	cing well		
			Spot				
EXPECTED SPUD DATE	December 12,	1998	@C NE N	E Sec.	17 Twp 33	S R 19 W	_
moi	nth day	year					
	0.000	-1170		4620 feet fro	m South Line of	Section	
OPERATOR: License #:		5478 /	**/			Section -> 560	+ =(
Name:	Graves Drilling Co	o., Inc.		TION X REG		SULAR?	
Address:	P.O. Box 8280				e Section Plat or) Reverse Side)	
City/State/Zip:	Wichita, KS 6720		County:				_
Contact Person:	Fredrick W. Stum	p		ame: LINDSA		: 1	_
Phone:	(316) 687-2777		Field Na				_
		-000 /		Prorated/Space		x No	_
CONTRACTOR: License #:		5929		formation(s):	ARBUCK		
Name:	Duke Drilling Con	1pany		Lease or Unit E		660'	-
Mail Dalland Fam.	144-11 01	Tona Carrianna		Surface Elevation			/
Well Drilled For:	Well Class:	Type Equipment:		vell within one-q		Yes No X	7
V OI Cab Da	a Instalal V	Mud Doton		bottom of fres	within one mile:	100'	-
X Oil _ Enh Re		Mud Rotary		bottom of uset		180'	-
Gas Storage	Pool Ext.	Air Rotary Cable		Pipe by Alterna			2
OWWO Dispose Seismic # of Hole		Caple			Planned to be s		2
The state of the s	other			of Conductor pla		220'	-
Other If OWWO: old well information	an fallower:			ed Total Depth:	oe required.	6100'	_
Operator:	as follows:			on at Total Dept	h	ARBUCKLE	
Well Name:				Source for Drillin		ANDOCALL	-
Comp. Date:	Old Total Depth		VValor	X w		and othe	
oomp, oato,			DWR P		(APPLIED FOR)		-
Directional, Deviated or Horizon	ntal wellbore?	Yes X No		es Be Taken?		Yes No X	/
if yes, true vertical depth:				proposed zone:			_
Bottom Hole Location:			¥ 0	ALIDATED 14	11-	254 2 - 1 - 4 -	_
			, , ,,,,,,			REA, BUT LOST	
The undersigned hereby affirm			plugging of this we	Il will comply wit	th K.S.A. 55-101	, et. seq.	
It is agreed that the following m	inimum requirements	will be met:		CIRCULAT	TON CAN C	CCUR AROUND	42
		AND S S					
 Notify the appropriate dis 			X	WAS: 66	OFFL I	5:560 FEL	
A copy of the approved r			en arilling rig:			J. 200 . LL	
3. The minimum amount of							
surface pipe shall be set							
4. If the well is dry hole, an		e operator and the d	istrict office on plug	g length and pla	cement is		
necessary prior to pluggi		6 II !!:			_41:		
 The appropriate district of IF AN ALTERNATE II CO 		tore well is emer bin	gged or production	casing is came	INTEG IN:	WATER TO	
SURFACE WITHIN 120							
I hereby certify that the statem					IN TO ANT CEN	IEN IING.	
Thereby certify that the statem	orics fracto frojoni alo	do di la to ti la past t	I III) KIIOWIGUYA EI	Id notiot.			
		\cap	$\langle \rangle$				
Date: 12/8/98 Signature of	Operator or Agent	Da 60 5	X STOWERS	/ THE	e:	Agent	
		The state of the s	·		-		***
	FOR KCC USE		· · · · · · · · · · · · · · · · · · ·				
	API #15-	033-200	<u>1860000</u>)			
	Conductor pipe	required N	ONE feet	_			
			200 ft per A	It(1)x	, RECEIV	ED	
	Approved by:	7K 15-10	98/COR 2	19-1997	AS CORPORATIO	N COMMISSION	
			. /	KANS	AS SUPERIOR OF		
	This authorizati		6-10-99				72
1.00		don void if drilling not			DEC 08	1998	
	6 months of ef	fective date.)					
	Spud date:	A	gent:		12-8	-70	-
					CONSERVATIO	N DIVISION	1
		REMEMBER TO:			WICHIT	A KS	1
	- File Drill Pit And	olication (form CDP-	1) with Intent to Dri	M·	44 1/21 14	A	-

REMEMBER TO:

- File Drill Pit Application (form CDP-1) with intent to Drill;

- File Completion Form ACO-1 within 120 days of epud date;

File acreage attribution plat according to field proration orders;
Submit plugging report (CP-4) after plugging is completed;
Obtain written approval before disposing or injecting salt water.
Mall to: Conservation Division, 130 S. Market, Wichita, KS 87202

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IN ALL CASES PLOT THE INTENTED WELL ON THE PLAT BELOW

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

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

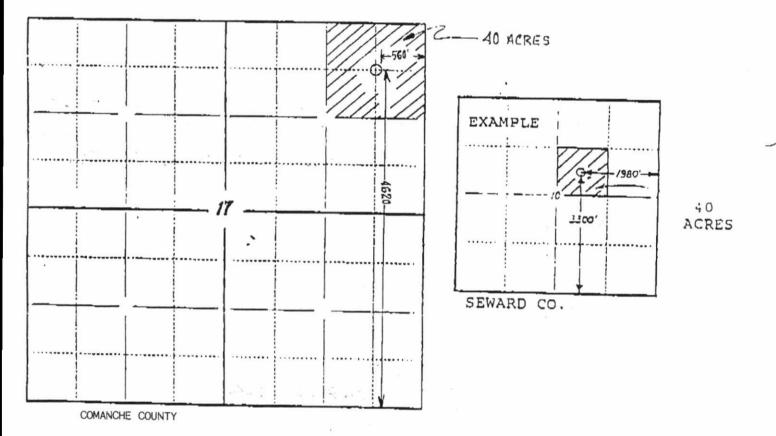
If the intented well is in a prorated or spaced field complete the plat below showing that the well will be properly located in relationship to other wells producing from the common source of supply. Please show all the wells within 1 mile of the boundaries of the proposed acreage attribution unit for gas wells and within 1/2 mile of the boundaries of the proposed acreage attribution unit for oil wells.

API NO. 15 -												
OPERATOR	Graves Drilling	ng Co., Inc.		₹.		LOCATION	OF WE	LL:	COUNT	Y COI	MANCH	E
LEASE	LINDSAY					46	20 feet	t from Nor	th Line o	f Sectio	n	
WELL NUMBER	1				**	5	60 fee	t from We	st Line of	f Section	n	
FIELD _	WILDCAT						Sec.	17	Twp 33	SR1	9 W	
NUMBER OF AC	RES ATTRIBUT	ABLE TO WELL	40			IS SECTION	V X	REGULA	AR OR	IRRE	GULAR	
QTR/QTR/QTR C	F ACREAGE	NE NE				IF SECTION				E WELL	. FROM	
					NEAREST CORNER BOUNDARY.							
						SECTION O	ORNER	R USED:	NE	NW	SE	SW

PLAT

(Show location of the well and shade attributable acreage for prorated or spaced wells.)

(Show footage to the negrest lease or unit boundary line.)



In plotting the proposed location of the well, you must show:

- The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, r sections, etc.:
- 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.