

CARD MUST BE TYPED

State of Kansas  
**NOTICE OF INTENTION TO DRILL**  
(see rules on reverse side)

CARD MUST BE SIGNED

Starting Date: .....1.....9.....35.....  
month day year

API Number 15- 151-21,532-0000

OPERATOR: License # 9232

..... SENENE... Sec .29. Twp 26.. S, Rge 12.  East  
(location)  West

Name TIMBERLINE OIL & GAS CORPORATION

Address 105 EAST 8TH STREET

City/State/Zip PRATT, KANSAS 67124

Contact Person BRANT C. GROTE OR ROY KNAPPE, JR.

Phone (316) 672-9476 OR 672-3521

.....4290..... Ft North from Southeast Corner of Section  
.....330..... Ft West from Southeast Corner of Section  
(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # 5428

Nearest lease or unit boundary line .....330..... feet.

Name GRAVES DRILLING CO., INC.

City/State WICHITA, KANSAS

County ..... PRATT.....

Lease Name ..... KNOP..... Well# ..... 12.....

Well Drilled For: Well Class: Type Equipment:

- |   |                               |   |  |
|---|-------------------------------|---|--|
| <input checked="" type="checkbox"/> Oil | <input type="checkbox"/> Swd  | <input checked="" type="checkbox"/> Infield | <input checked="" type="checkbox"/> Mud Rotary |
| <input type="checkbox"/> Gas            | <input type="checkbox"/> Inj  | <input type="checkbox"/> Pool Ext.          | <input type="checkbox"/> Air Rotary            |
| <input type="checkbox"/> OWWO           | <input type="checkbox"/> Expl | <input type="checkbox"/> Wildcat            | <input type="checkbox"/> Cable                 |

- Domestic well within 330 feet:  yes  no  
Municipal well within one mile:  yes  no

If OWWO: old well info as follows:

Operator .....

Well Name .....

Comp Date ..... Old Total Depth .....

Projected Total Depth ..... 4500 ..... feet

Projected Formation at TD ..... ARBUCKLE .....

Expected Producing Formations ARBUCKLE .....

Depth to Bottom of fresh water ..... 250-300 210 <sup>with</sup> ..... feet

Lowest usable water formation NIPPEWALLA GROUP-1, PERMIAN

Depth to Bottom of usable water ..... 215-260 250 <sup>with</sup> ..... feet


Surface pipe by Alternate: 1  2

Surface pipe to be set ..... 300 ..... feet

Conductor pipe if any required ..... N/A ..... feet

Ground surface elevation ..... 1926 ..... feet MSL

This Authorization Expires ..... 6-14-85 .....

Approved By ..... 12-14-84  .....

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

Date 12/13/84 Signature of Operator or Agent

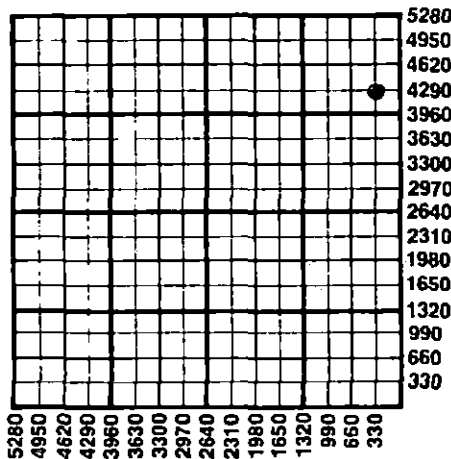
Title VICE PRESIDENT

with UDHE 12/14/84

Must be filed with the K.C.C. five (5) days prior to commencing well  
This card void if drilling not started within six (6) months of date received by K.C.C.

**Important procedures to follow :**

**A Regular Section of Land**  
**1 Mile = 5,280 Ft.**



1. Notify District office before setting surface casing.
2. Set surface casing by circulating cement to the top.
3. File completion forms ACO-1 with K.C.C. within 90 days of well completion, following instructions on ACO-1, side 1, and including copies of wireline logs.
4. Notify District office 48 hours prior to old well workover or re-entry.
5. Prior to plugging, prepare a plugging plan, then obtain agreement from the appropriate district office for an approved plugging plan.
6. Submit plugging report (CP-4) to K.C.C. after plugging is completed.
7. Obtain an approved injection docket number before disposing of salt water.
8. Notify K.C.C. within 10 days when injection commences or terminates.
9. If an alternate 2 completion, cement in the production pipe from below any usable water to surface within 120 days of spud date.

RECEIVED

STATE CORPORATION COMMISSION

DEC 14 1984  
12-14-84  
State Corporation Commission of Kansas  
Conservation Division  
200 Colorado Derby Building  
Wichita, Kansas 67202  
(316) 263-3238