

CARD MUST BE TYPED

State of Kansas  
**NOTICE OF INTENTION TO DRILL**

CARD MUST BE SIGNED

(see rules on reverse side)

Starting Date: .....6.....18.....1984.....  
month day year

API Number 15-

087-20,091-00-00

OPERATOR: License # 5115

NE ..... Sec 1 ..... Twp 10 S, Rge 19  East  
(location)  West

Name Reese Exploration, Inc.

Address Box 11598

City/State/Zip Kansas City, MO 64138

Contact Person Bob Lindholm

Phone (816) 356-1970

4620 ..... 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 # 5685

Name Michael Drilling, Inc.

City/State Humboldt, KS 66748

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

County Jefferson

Lease Name John Kimmel Well# 2-84

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 ..... 30 ..... feet

Lowest usable water formation .....

Depth to Bottom of usable water ..... 275 ..... feet

Surface pipe by Alternate: 1  2  30

Surface pipe to be set ..... 40 ..... feet

Conductor pipe if any required .....

Ground surface elevation ..... feet MSL.

This Authorization Expires 12-12-84

Approved By G-12-84 *R*

If OWWO: old well info as follows:

Operator .....

Well Name .....

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

Projected Total Depth ..... 1650 ..... feet

Projected Formation at TD ..... Burgess Sand .....

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.

Date 6/12/84 Signature of Operator or Agent

*LuAnne Corliss* Title *As Agent*

*MHC/KOHE 6-12-84*

