## State of Kansas NOTICE OF INTENTION TO DRILL

FORM MUST BE SIGNED ALL BLANKS MUST BE FILLED

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

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Expected Soud Date 12 10 89	C. SE SW sec 18. Twp 29 s, Rg 11 $\frac{\overline{X}}{X}$ West
	sec wp s, kg A West
month day year	660 Start from South Line of South
5565	3300 feet from South line of Section
OPERATOR: License # 5565 Name: National Cooperative Refinery Association	3300 feet from East line of Section
Name: National Cooperative Retinery Association	(Note: Locate well on Section Plat Below)
Address: 1775 Sherman Street, Suite 3000	Deep 1.4
City/State/Zip: Denver, CO 80203	County: Pratt
Contact Person: Morris Bell	Lease Name: Louise Well #. 1
Phone: (303) 861-4883	Field Name:Wildcat
	Is this a Prorated Field? yes .X. no
CONTRACTOR: License #:	Target Formation(s): .Arbuckle
CONTRACTOR: License #: Name: Undecided Aduse on Aco-/	Nearest lease or unit boundary: .660
Hallon, College of the College of th	Ground Surface Elevation: 1855 feet MSL
Well Drilled For: Well Class: Type Equipment:	Domestic well within 330 feet: yes .X. no
Well Drilled For: Well Class: Type Equipment:	·
X at X to a nature	Municipal well within one mile: yes .X. no
.X. Oil Inj Infield .X Mud Rotary	Depth to bottom of fresh water:160!
Gas Storage Pool Ext Air Rotary	Depth to bottom of usable water:240'
OWWO Disposal .X Wildcat Cable	Surface Pipe by Alternate: .X 1 2
Seismic; # of Holes	Length of Surface Pipe Planned to be set:300!
	Length of Conductor pipe required:Q
If OMAMO: old well information as follows:	Projected Total Depth:4800!
Operator:	Formation at Total Depth:Arbuckle
Well Name: N/A	Water Source for Drilling Operations:
Comp. Date: Old Total Depth	well farm pond öther
	DWR Permit #: Unknown - will file
Directional, Deviated or Horizontal wellbore? yes .X. no	Will Cores Be Taken?: yes .X. no
If yes, total depth location:	·
ir yes, total depth totalion:	If yes, proposed zone:
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Submit plugging report (CP-4) after plugging is completed;
Obtain written approval before disposing or injecting salt water.

- Notify appropriate district office 48 hours prior to workover or re-entry;