

# NOTICE OF INTENTION TO DRILL

(see rules on reverse side)

Starting Date November 23 1985  
month day year

API Number 15— 185-22,316-0000  
150' N \_\_\_\_\_ East  
NE SE SW Sec. 9 Twp. 23 S, Rg. 14 \_\_\_\_\_ West  
\_\_\_\_\_ Ft. from South Line of Section  
\_\_\_\_\_ Ft. from East Line of Section

OPERATOR: License # 6039  
Name L. D. Drilling, Inc.  
Address R.R. 1 Box 183 B  
City/State/Zip Great Bend, KS 67530  
Contact Person L. D. Davis  
Phone (316) 793-3051

(Note: Locate well on Section Plat on reverse side)

CONTRACTOR: License # Company tools 6039  
Name \_\_\_\_\_  
City/State \_\_\_\_\_

Nearest lease or unit boundary line 330 feet  
County Stafford  
Lease Name Beaver Well # 3  
Ground surface elevation approx. 1944 GR. feet MSL  
Domestic well within 330 feet: \_\_\_\_\_yes no  
Municipal well within one mile: \_\_\_\_\_yes \_\_\_\_\_no  
Surface pipe by Alternate: 1  2 \_\_\_\_\_  
Depth to bottom of fresh water 100  
Depth to bottom of usable water Kiowa 300'  
Surface pipe planned to be set 425'  
Projected Total Depth 4040 feet  
Formation Arbuckle

Well Drilled For: Well Class: Type Equipment:  
 Oil \_\_\_\_\_ SWD  Infield  Mud Rotary  
\_\_\_\_\_ Gas \_\_\_\_\_ Inj \_\_\_\_\_ Pool Ext. \_\_\_\_\_ Air Rotary  
\_\_\_\_\_ OWWO \_\_\_\_\_ Expl \_\_\_\_\_ Wildcat \_\_\_\_\_ Cable

If OWWO: old well info as follows:  
Operator \_\_\_\_\_  
Well Name \_\_\_\_\_  
Comp Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_

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

Date 11-18-85 Signature of Operator or Agent L. D. Davis Title President/Operator  
L. D. Davis

For KCC Use:  
Conductor Pipe Required \_\_\_\_\_ feet; Minimum Surface Pipe Required \_\_\_\_\_ feet per Alt. 1 2 \_\_\_\_\_  
This Authorization Expires 5-19-86 Approved By 11-19-85

