

FOR KCC USE:

FORM C-1 7/91

FORM MUST BE TYPED

FORM MUST BE SIGNED

ALL BLANKS MUST BE FILLED

EFFECTIVE DATE: 2-28-2001

State of Kansas

DISTRICT # 1

NOTICE OF INTENTION TO DRILL

SGA? Yes X No

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

Expected Spud Date FEBRUARY 26, 2001  
month day year

Spot East  
SW - NW - SE Sec 31 Twp 30 S, Rg 19 X West

OPERATOR: License # 3842  
Name: LARSON OPERATING CO, A DIV OF LARSON ENG INC  
Address: 562 WEST HIGHWAY 4  
City/State/Zip: OLMITZ, KS 67564-8561  
Contact Person: TOM LARSON  
Phone: (316) 653-7368

1650 feet from South line of Section  
2310 feet from East line of Section  
IS SECTION X REGULAR IRREGULAR?  
(NOTE: Locate well on the Section Plat on Reverse Side)

CONTRACTOR: License #: 4958  
Name: Mallard JV, Inc.

County: Kiowa

Lease Name: Comanche County Hospital Well #: 1-31

Field Name: WILDCAT

Is this a Prorated/Spaced Field? yes X no

Target Formation(s): Mississippi

Nearest Lease or unit boundary: 330'

Ground Surface Elevation: 2145 feet MSL

Water well within one-quarter mile: yes X no

Public water supply well within one mile: yes X no

Depth to bottom of fresh water: 180

Depth to bottom of usable water: 260

Surface Pipe by Alternate: X 1 2

Length of Surface Pipe Planned to be set: 600'

Length of Conductor pipe required: n/a

Projected Total Depth: 5300'

Formation at Total Depth: Mississippi

Water Source for Drilling Operations:

well farm pond X other

DWR Permit #: \_\_\_\_\_

Will Cores Be Taken? yes X no

If yes, proposed zone: \_\_\_\_\_

Well Drilled For: Well Class: Type Equipment:  
X Oil Enh Rec Infield X Mud Rotary  
Gas Storage Pool Ext. Air Rotary  
OWWO Disposal X Wildcat Cable  
Seismic; # of Holes Other  
Other

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

Directional, Deviated or Horizontal wellbore? yes X no

If yes, true vertical depth: \_\_\_\_\_

Bottom Hole Location \_\_\_\_\_

AFFIDAVIT

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55-101, et. seq. It is agreed that the following minimum requirements will be met:

1. Notify the appropriate district office prior to spudding of well;
2. A copy of the approved Notice of Intent to Drill shall be posted on each drilling rig;
3. The minimum amount of surface pipe as specified below shall be set by circulating cement to the top; in all cases surface pipe shall be set through all unconsolidated materials plus a minimum of 20 feet into the underlying formation;
4. If the well is a dry hole, an agreement between the operator and the district office on plug length and placement is necessary prior to plugging;
5. The appropriate district office will be notified before well is either plugged or production casing is cemented in;
6. IF AN ALTERNATE II COMPLETION, PRODUCTION PIPE SHALL BE CEMENTED FROM BELOW ANY USABLE WATER TO SURFACE WITH 120 DAYS OF SPUD DATE. IN ALL CASES, NOTIFY DISTRICT OFFICE PRIOR TO ANY CEMENTING.

I hereby certify that the statements made herein are true and to the best of my knowledge and belief.

Date: 2/20/2001 Signature of Operator or Agent: Carol Larson Title: Secretary/Treasurer

FOR KCC USE:  
 API # 15- 097-21462-0000  
 Conductor pipe required NONE feet  
 Minimum surface pipe required 280 feet per Alt. (1)  
 Approved by: JK 2-23-2001  
 This authorization expires: 8-23-2001  
 This authorization void if drilling not started within 6 months of effective date.)  
 Spud date: \_\_\_\_\_ Agent: \_\_\_\_\_

RECEIVED  
 STATE CORPORATION COMMISSION  
2-21-01  
FEB 21 2001  
 CONSERVATION DIVISION  
 Wichita, Kansas

REMEMBER TO:

- File Drill Pit Application (Form CDP-1) with Intent to Drill;
- File Completion Form ACO-1 within 120 days of spud date;
- File acreage attribution plat according to field proration orders;
- Notify appropriate district office 48 hours prior to workover or re-entry;
- Submit plugging report (CP-4) after plugging is completed;
- Obtain written approval before disposing or injecting salt water.

Mail to: Conservation Division 130 South Market, Room 2078, Wichita, Kansas 67202-3802.

31  
30  
19W

**IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW**

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

If the intended well is in a prorated or spaced field, please fully complete this side of the form. If the intended 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 LARSON OPERATING COMPANY  
 LEASE COMANCHE CO. HOSPITAL  
 WELL NUMBER 1-31  
 FIELD \_\_\_\_\_

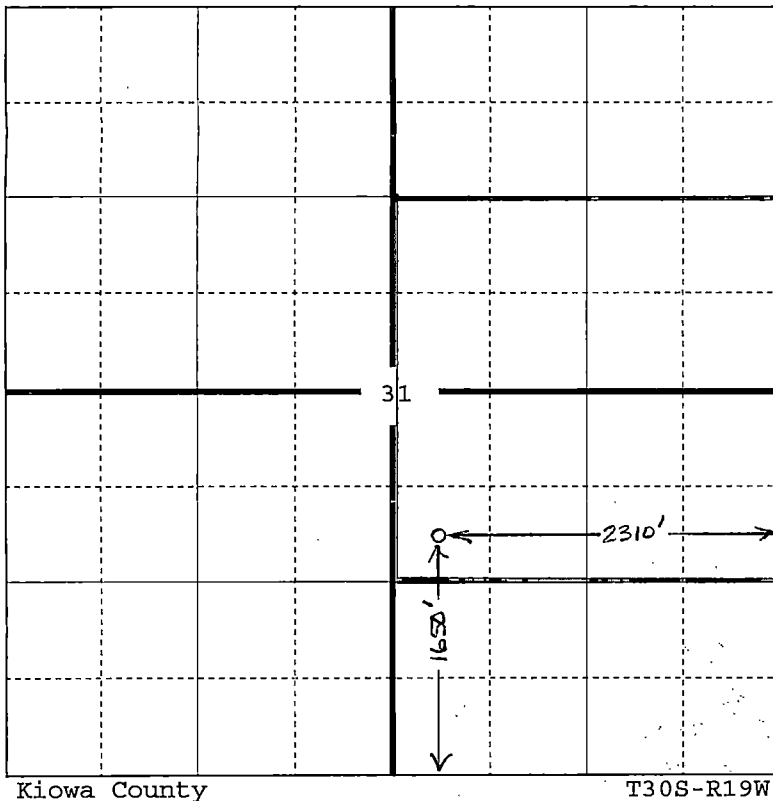
LOCATION OF WELL: COUNTY KIOWA  
1650 feet from South line of section  
2310 feet from East line of section  
 SECTION 31 TWP 30S RNG 19 West

NUMBER OF ACRES ATTRIBUTABLE TO WELL \_\_\_\_\_  
 QTR/QTR/QTR OF ACREAGE \_\_\_\_\_

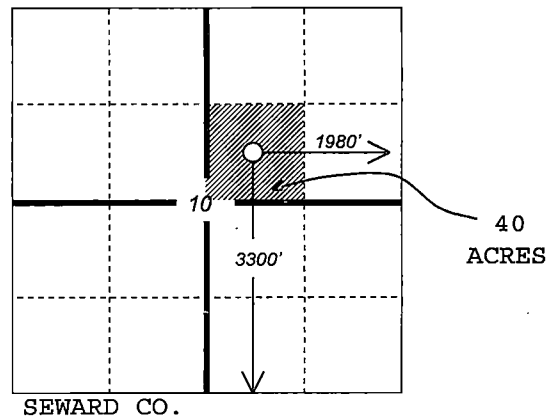
IS SECTION REGULAR or IRREGULAR  
**IF SECTION IS IRREGULAR, LOCATE WELL FROM NEAREST CORNER BOUNDARY.**

Section corner used: NE NW SE SW  
**PLAT**

(Show location of the well and shade attributable acreage for prorated or spaced wells.)  
 (Show footage to the nearest lease or unit boundary line.)



**EXAMPLE**



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

- 1) The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, 4 sections, etc.;
- 2) 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.