

CARD MUST BE TYPED

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

CARD MUST BE SIGNED

Starting Date: September 15 1984
month day year 247

API Number 15- 007-21,927-00-00

OPERATOR: License # 5171

SW NE SW Sec 20 Twp 34 S, Rge 13 East West
(location)

Name TXO Production Corp.

Address 200 West Douglas, Suite 300

City/State/Zip Wichita, KS 67202

Contact Person Gary Wurdeman

Phone 316-265-9441

1650 Ft North from Southeast Corner of Section

3630 Ft West from Southeast Corner of Section

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

CONTRACTOR: License # 6165

Nearest lease or unit boundary line 990 feet.

County Barber

Name FWA Drilling Co., Inc.

Lease Name MEYER 1st D Well# 1

City/State Yukon, OK

Domestic well within 330 feet: yes no

Municipal well within one mile: yes no

Well Drilled For: Well Class: Type Equipment:

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

Depth to Bottom of fresh water 100 feet

Lowest usable water formation Harper Siltstone

Depth to Bottom of usable water 200 feet

Surface pipe by Alternate: 1 2

Surface pipe to be set 430 feet

Conductor pipe if any required 0 feet

Ground surface elevation TBD feet MSI

This Authorization Expires 3-12-85

Approved By [Signature]

If OWWO: old well info as follows:

Operator

Well Name

Comp Date Old Total Depth

Projected Total Depth 4850 feet

Projected Formation at TD Mississippi

Expected Producing Formations Mississippi

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

Date 9-12-84 Signature of Operator or Agent [Signature]

_____ Title District Engineer

MHC/WORNE 9/12/84
Form C-1 4/84

