NOTICE OF INTENTION TO DRILL

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

Expected Spud Date: February 6, 1991

OPERATOR: License # 5447
Name: OXY USA, INC
Address: 110 S. Main, #800
City/State/Zip: Wichita, Kansas 67202
Contact Person: Michael D. Harrison
Phone: (316) 262-5844

CONTRACTOR: License # 5418
Name: Allen Drilling Company

Well Drilled For: X Oil...X. Injection...X Mud Rotary

Well Class: Production...Type Equipment: Seismic: # of Holes

If OAWO: old well information as follows:
Operator: ________________________________
Comp. Date: ____________________________

Directional, Deviated or Horizontal wellbore? yes X. no
If yes, total depth 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. The appropriate district office shall be notified before setting surface pipe;
2. The minimum amount of surface pipe as specified above 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;
3. If the well is dry, a plugging proposal shall be submitted to the district office. An agreement between the operator and the district office on plug length and placement is necessary prior to plugging;
4. The appropriate district office will be notified before well is either plugged or production casing is cemented in;
5. If an Alternate II completion, production pipe shall be cemented from below any usable water to surface within 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: 2-4-91 Signature of Operator or Agent: Michael D. Harrison Title: Operations Manager

FOR KCC USE:

API # 15- 147-20,528-00-00

Conductor pipe required (30) feet
Minimum surface pipe required (20) feet per Alt.

Approved by: Michael D. Harrison 1-5-91

This authorization expires: 8-5-91

(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 of or injecting salt water.)

Mail to: Conservation Division, 200 Colorado Derby Building, 202 W. First St., Wichita, Kansas 67202-1286.
PLAT OF ACREAGE ATTRIBUTABLE TO A WELL

State Corporation Commission, Conservation Division
200 Colorado Derby Bldg. Wichita, Kansas 67202

OPERATOR ______ OXY USA INC. ______
LEASE ______ Ray "A" ______
WELL NUMBER ______ 10 ______
FIELD ______ Ray ______
NO. OF ACRES ATTRIBUTABLE TO WELL ______ 10 ______
DESCRIPTION OF ACREAGE ______ Pasture ______

LOCATION OF WELL:
1650 feet north of SE corner
1650 feet west of SE corner
SE-NW-SE Sec. 32 T 5S R 20 E/W
COUNTY ______ Phillips ______
IS SECTION X REGULAR ______ IRREGULAR? ______
IF IRREGULAR, LOCATE WELL FROM NEAREST CORNER BOUNDARY.

NOTE: If plat depicted is insufficient for your circumstances, you may attach your own scaled or surveyed plat.

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., section with 8 surrounding partial sections, 4 sections, 16 sections, etc.;

2) the well’s location relative to the location of other wells producing from the same common source of supply in adjoining drilling units, pursuant to K.A.R. 82-3-108, 82-3-207, 82-3-312, or special orders of the Commission;

3) the distance of the proposed drilling location from the section’s east and south lines; and

4) the distance to the nearest lease or unit boundary line.

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

Signature of Operator or Agent ______ Michael D. Harrison ______
Date ______ 2-4-91 ______ Title ______ Operations Manager ______