EXPECTED DATE: 7-2-90  

NOTICE OF INTENT TO DRILL  

State of Kansas  

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

FORM MUST BE TYPED  
FORM C-1  4/90

Expected Spud Date: July 29, 1990  

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) 265-3849

CONTRACTOR: License #: 5418  
Name: Allen Drilling Company

Well Drilled For: Oil

Well Class: X Infield X Mud Rotary

X. Oil ... Inj  X Gas ... Storage  X Disposal  X Seismic; ... # of Holes

If OMMO: old well information as follows:

Operator:  
Well Name:  
Comp. Date:  
Old Total Depth  

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: June 26, 1990  
Signature of Operator or Agent: Michael D. Harrison  
Title: Oper. Manager

FOR KCC USE:

API # 147-20,517  00-00  90  
Conductor pipe required 2000 feet per Alt.  
Minimum surface pipe required 2000 feet per Alt.  
Approved by: Mike  
EFFECITIVE DATE: 7-2-90  
This authorization expires: 12-27-90  

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 proportion 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, 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.  LOCATION OF WELL:
LEASE Ray "A"  2310 feet north of SE corner
WELL NUMBER #8  2310 feet west of SE corner
FIELD Ray SE Sec. 32 T 5S R 20 N/W
COUNTY Phillips

NO. OF ACRES ATTRIBUTABLE TO WELL  10
DESCRIPTION OF ACREAGE  Pasture

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.

PLAT

(See Attached 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. 1 section, 1 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. 82-3-10B, 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  June 26, 1990  Title  Operations Manager