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

Starting Date ................................................. month day year

OPERATOR: License # ............................................ 6142
Name ............................................................... Town Oil Co.
Address ........................................................... Rt. 4
City/State/Zip ...................................................... Paola, KS. 66071
Contact Person .................................................. Lester Town
Phone ............................................................... 913 294-2125

CONTRACTOR: License # ........................................... 6142
Name ............................................................ COMPANY TOOLS

Well Drilled For: .................................................
- Oil
- Gas
- OWWO
- SWD
- Inj
- Pool Ext.
- Expl
- Air Rotary
- Wildcat
- Cable

API Number 15— .................................................. 121-26, 736-00

SE Sec. 18 Twp. 16 S, Rg 24 ........................................... X East
1155 Ft. from South Line of Section
2145 Ft. from East Line of Section
(Note: Locate well on Section Plat on reverse side)
Nearest lease or unit boundary line .......................... 495 feet
County ............................................................. Miami
Lease Name ......................................................... Kern
Well # ............................................................. E-2
Ground surface elevation ....................................... feet MSL
Domestic well within 330 feet: ............................... X yes
Municipal well within one mile: ............................. X no
Depth to bottom of fresh water: .................. 300 feet
Depth to bottom of usable water: ...................... 1 2
Surface pipe by Alternate: ...................................
Surface pipe planned to be set ............................... 20 feet
Conductor pipe required ................................. none
Projected Total Depth ................................. 700 feet
Formation .................................................... Bartlesville

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

Date ......................................................... 1-24-86
Signature of Operator or Agent ................................... Lester Town
Partner .......................................................... Title.

For KCC Use:
Conductor Pipe Required ................................. feet; Minimum Surface Pipe Required .......................... 20 feet per Alt.
This Authorization Expires .................................. 1-29-86
Approved By .................................................... 1-29-86
Must be filed with the K.C.C. five (5) days prior to commencing well
This card void if drilling not started within six (6) months of date received by K.C.C.

Important procedures to follow:

1. Notify District office before setting surface casing.

2. Set surface casing by circulating cement to the top.

3. File completion forms ACO-1 with K.C.C. within 90 days of well completion, following instructions on ACO-1, side 1, and including copies of wireline logs.

4. Notify District office 48 hours prior to old well workover or re-entry.

5. Prior to filing Intent, prepare a proposed plugging plan in case well is D & A, then obtain approval of plan when calling district office prior to setting surface pipe.

6. Submit plugging report (CP-4) to K.C.C. after plugging is completed.

7. Obtain an approved injection docket number before disposing of salt water.

8. Notify K.C.C. within 10 days when injection commences or terminates.

9. If an alternate 2 completion, cement in the production pipe from below any usable water to surface within 120 days of spud date.

State Corporation Commission of Kansas
Conservation Division
200 Colorado Derby Building
Wichita, Kansas 67202
(316) 263-3238