CARDS MUST BE TYPED

STATE OF KANSAS
NOTICE OF INTENTION TO DRILL

TO BE FILED WITH THE STATE CORPORATION COMMISSION 5 DAYS PRIOR TO COMMENCEMENT OF WELL

1. Operator ___________________________ Mid-States Energy Corporation
   Address ___________________________ P. O. Box 402
   City-State ___________________________ Paola, Kansas Zip Code _______ 66071

2. Contractor ___________________________ Mid-States Energy Corporation
   Address ___________________________ P. O. Box 402
   City-State ___________________________ Paola, Kansas Zip Code _______ 66071

3. Type of Equipment: Rotary: ___ Air: ___ Cable Tools: ___
4. Well to be Drilled for: Oil: ___ Gas: ___ SWD: ___ Input: ___
5. Well Classification: Infield: ___ Pool Ext.: ___ Wildcat: ___
6. Depth of Deepest Fresh Water within 1 mile _______ 20 ft.
7. Depth of Municipal Water Well within 3 miles _______ None ft.
8. Depth to Protect all Fresh Water (Table 1) _______ 200 ft.
9. Amount of Surface Casing to be set _______ 45 ft.
10. (Surface Casing) Alternate No. 1 _______ Alternate No. 2 ___

$40.00 FEE PAID __ 4-23-81 __

REMARKS: ______ CC # 124901 __

API Number _______ 15-121-22,837 _______
(For office use only) _______ 00-00

Starting Date _______ 4/29/81 _______
Month Day Year

County _______ Miami _______

Sec. _______ 31 _______ Twp. _______ 16 _______ S. Rng. _______ 24 _______ East

Exact Spot Location of Well _______ SW NW SW SE _______
990' from South line

Nearest Lease Line _______ 165' from West line

Lease Name _______ Kirby-Nelson _______

Well No. _______ #8 _______

Est. Total Depth _______ 700 ft.

OPERATOR STATES THAT HE WILL COMPLY WITH K.S.A. 55-128

Signature of Operator

______________________________________

[Signature]
State Corporation Commission of Kansas
Conservation Division
245 North Water
Wichita, Kansas 67202

(If preferred, mail in envelope)