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

1. Operator __________ MIDAS INTERNATIONAL __________
   Address ____________________________
   City-State ____________________________ Zip Code 66032

2. Contractor __________ L R COMPANY __________
   Address ____________________________
   City-State ____________________________ Zip Code 66032

3. Type of Equipment: Rotary: X Air: ____ Cable Tools: ____

4. Well to be Drilled for: Oil: X Gas: ____ SWD: ____ Input: ____

5. Well Classification: Infield X Pool Ext. __________ Wildcat __________

6. Depth of Deepest Fresh Water within 1 mile NONE __________ ft.

7. Depth of Municipal Water Well within 3 miles NONE __________ ft.

8. Depth to Protect all Fresh Water (Table 1) 125' __________ ft.

9. Amount of Surface Casing to be set 25' __________ ft.

10. (Surface Casing) Alternate No. 1 ____ Alternate No. 2 X __________

$40.00 FEE PAID __________ 5-7-81 __________

REMARKS: CASH $40.00 __________

API Number 15-003-21465 __________
(For office use only) __________

Starting Date 5 / 19 / 81 __________
Month Day Year __________

County ANDERSON __________
Sec. 22 Twp. 21 S. Rng. 19 East West __________

Exact Spot Location NE/4 __________
of Well 1100'WL 220' __________

Nearest Lease Line 220' __________

Lease Name BENJAMIN __________

Well No. 13 __________

Est. Total Depth 850' __________ ft.

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

Signature of Operator __________

CARDS MUST BE TYPED

STATE OF KANSAS
NOTICE OF INTENTION TO DRILL

C-1
MI-331
State Corporation Commission of Kansas
Conservation Division
245 North Water
Wichita, Kansas 67202

IF PREFERRED, MAIL IN ENVELOPE

5-7-81