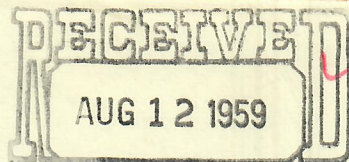


OIL AND GAS CONSERVATION COMMISSION  
OF THE STATE OF COLORADOOIL & GAS  
CONSERVATION COMMISSION

## NOTICE OF INTENTION TO DRILL

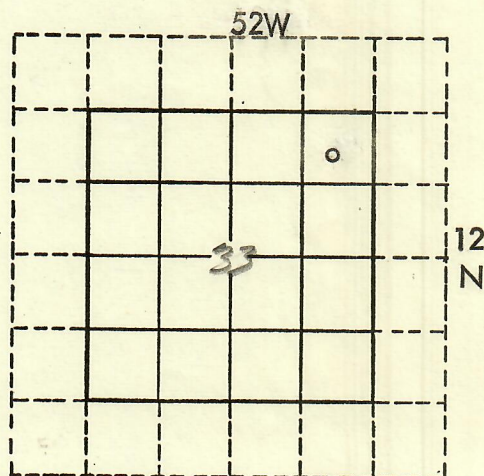


## INSTRUCTIONS:

A notice of intention to drill a well shall be filed in duplicate on all Federal and Patented lands, and in triplicate on all State lands. Do not begin operations until approved copy has been received. It is mandatory that the proposed location comply with all rules and regulations of the Commission. Locate well on section grid in proper location, and indicate extent of lease. Unless operations are commenced within 180 days after the date of approval hereof, this approval to drill will become null and void.

Name of Operator SAMUEL GARY Phone No. AComa 2-0744  
Address 1700 Broadway City DENVER State COLORADO

How is liability secured: Well Bond (Attached) ☐; Blanket Bond ☐; Waiver ☒  
(Check one)

Lease Name LeBlancWell No. 1Field Name \_\_\_\_\_ Wildcat ☒County LOGAN

Location center NE NE Section 33 Township 12N Range 52W Meridian 6th PM  
(quarter quarter)  
660 feet from N Section line and 660 feet from E Section Line  
N or S E or W

The well is located on: Patented land ☒ State land ☐ Federal land ☐

The well is located within a spaced area: Yes ☐ No ☒

Distance from proposed location to nearest property or lease line 660 feet.

Distance from proposed location to nearest drilling unit line \_\_\_\_\_ feet.

Objectives: "J" Sand Depth 5300' ; \_\_\_\_\_  
Formation Estimate Formation Depth Estimate

Proposed length of surface casing 200 feet.

REMARKS:

|          |                                     |
|----------|-------------------------------------|
| Agent    | <input checked="" type="checkbox"/> |
| Bond     | <input checked="" type="checkbox"/> |
| Spot     |                                     |
| 600 ft.  | <input checked="" type="checkbox"/> |
| 1200 ft. | <input checked="" type="checkbox"/> |
| Wells    |                                     |
| Oil      |                                     |
| Gas      |                                     |
| Status   |                                     |

I/We hereby swear (or affirm) that the statements herein made are a full and correct report.

APPROVED: AUG 12 1959Company SAMUEL GARY 32705 Date August 11, 1959Date AUG 19 1959Address 1700 Broadway Phone No. AC-2-0744By Samuel Gary Signature \_\_\_\_\_ Title \_\_\_\_\_

Director