1. Operator DON E. PRATT

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

Address P. O. BOX 370. HAYS, KANSAS 67601

3. Type of Equipment: Rotary X Cable Tool 4. Well to be Drilled for: Oil X Gas

2. Contractor MURFIN DRILLING COMPANY

Disposal_____ Other__

Address WICHITA, KANSAS

5. Depth of Deepest Fresh Water within 1 mile ____ 6. Depth of Municipal Water Well within 3 miles none

8. Amount of Surface Casing to be set _____

API Number <u>/5-/79-20,563</u> (For office use only)
Starting Date EST. 6-21-80
CountySHERIDAN
Sec 9 Twp 8 S Rge 26 W
Spot Location C_SW_NE
Nearest Lease Line 660 ft.
Lease NameD.E.Pratt
Well No1_9

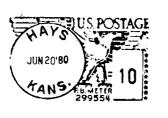
Est. Total Depth _____4000

*Operator will set surface at least 50' into blue shale. REMARKS: OPERATOR STATES THAT HE WILL COMPLY WITH K. S. A. 55-128

Signature of Operator/

90

200*



First Class Postage

State Corporation Commission of Kansas
Conservation Division
245 North Water

Wichita, Kansas 67202

(Lee) 620-80

(IF PREFERRED, MAIL IN ENVELOPE)