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то	BE	FILED	WITH	THE	STATE	CORPO	RATIO	N CO	MMISSION	ſ	
PRIOR TO COMMENCEMENT OF WELL											

9. Alternate No. 1______ No. 2_X

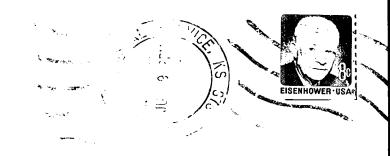
ON COMMISSION	API Number 15-195 (For office use only)	1-00-
	(For office use only)	(20

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

Starting Date July 12, 1973 1. Operator John O. Farmer, Inc. Trego County, Kansas Address Box 352, Russell, Kansas 67665 Sec. 3 Twp 11S S Rge 23W W 2. Contractor John O. Farmer, Inc. Spot Location C SE NE Address Box 352, Russell, Kansas 67665 3. Type of Equipment: Rotary X Cable Tool 660 Nearest Lease Line _____ 4. Well to be Drilled for: Oil X Gas Gas Disposal_____Other___ Lease Name SCHABEN # 2 100 5. Depth of Deepest Fresh Water within 1 mile ____ None 6. Depth of Municipal Water Well within 3 miles ___ Well No. ___2 8. Amount of Surface Casing to be set ______ 225 4100 Est. Total Depth _____

REMARKS:

Signature of Operator _



State Corporation Commission of Kansas

Conservation Division

P.O. Box 17027

Wichita, Kansas 67217

STATE CORPORATION COMMISSION

JUL 10 1973

CONSERVATION DIVISION

Wichita, Kansas