REMARKS:

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

1.	Operator	N -	В Сс	ompany,	Inc				
	Address	Box	506,	Russel	11,	KS	67665		
2.	Contractor Emphasis Oil Operations								
	Address	Вох	506,	Russe	11,	KS	67665		
3.	Type of Equip	oe of Equipment: RotaryX Cable Tool							
4.	Type of Equipment: Rotary X Cable Tool Well to be Drilled for: Oil X Gas								
	Disposal Input Other								
5.	Depth of Deepest Fresh Water within 1 mile							70	ft.
	Depth of Municipal Water Well within 3 miles							None	<u>f</u> t.
	Depth to Pro	-						125	ft.

8. Amount of Surface Casing to be set _____

9. Alternate No. 1______ No. 2_____X

API Number (For office use only)

Starting Date June 5, 1978

Spot Location NW NW SE

Nearest Lease Line ______330 __ft.

Lease Name ___ Armbruster

Well No. ____1

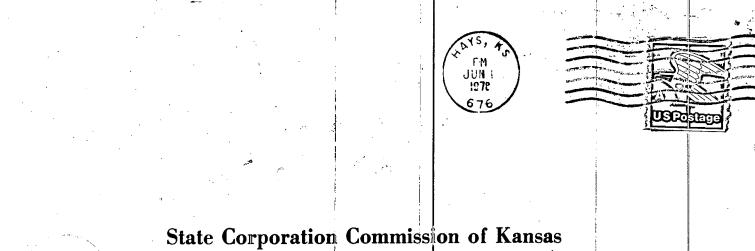
OPERATOR STATES THAT HE WILL COMPLY WITH K. S. A. 55-128

Est. Total Depth

Signature of Operator fol Wranim

OKIBEN

3900 ___ft.



Conservation Division 245 North Water

Wichita, Kansas 67202

RECEIVED
STATE CORPORATION COMMISSION
06-02-1978
JUN 0 2 1978
CONSERVATION DIVISION

Wichita, Kansas

(IF PREFERRED, MAIL IN ENVELOPE)