1. Operator _____

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

Address P.O. Box 352, Russell, KS 67665

2. Contractor John O. Farmer, Inc.

John O. Farmer, Inc.

P.O. Box 352, Russell, KS 67665

All Number 2	(For office use only)			
Starting Date	August 10, 1980			
County	Graham			
Sec 25 Twp	10 S Rge 24	_¥X _₩		
	SE SE SW			
Nearest Lease Line	330	ft.		
Lease Name	Billings			
Well No.	#1			

API Number 15-065-21, 260

	Type of Equipment: Rotary				
	Disposal Other Other				
5 .	Depth of Deepest Fresh Water within	1 mile	100	ft.	
в.	3. Depth of Municipal Water Well within 3 miles		none	ft.	
7.	Depth to Protect all Fresh Water _		550	ft.	
	Amount of Surface Casing to be set.			ft.	
9.	Alternate No. 1	No. 2	X	v	
RE	MARKS:		OPERATO	OR STA	

.....

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

Est. Total Depth ____

Signature of Operator

ute 1

4000

State Corporation Commission of Kansas **Conservation Division** 245 North Water Wichita, Kansas 67202

JUN 2 6 1981

(IF PREFERRED, MAIL IN ENVELOPE)