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

5. Depth of Deepest Fresh Water within 1 mile None ft. 6. Depth of Municipal Water Well within 3 miles None ft.

7. Depth to Protect all Fresh Water ______ 300 " ft 8. Amount of Surface Casing to be set _____300 ft.

9. Alternate No. 1_____ No. 2___ X

API Number 15-151-20226

(For office use only)

1. Operator Allison Oil Company

Address 507 Insurance Building, Wichita, Kanson Pratt

2. Contractor Damac Drilling Co.

Address ____Great Bend, Kansas

3. Type of Equipment: Rotary X ____ Cable Tool_____

4. Well to be Drilled for: Oil_____ Gas_ X Disposal_____Other___

Lease Name — Howell

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

Signature of Operator Alan Illison

LOST HOLE -@ 891' 24-8034-9-21-90 SKINDEN RIFE

REMARKS:

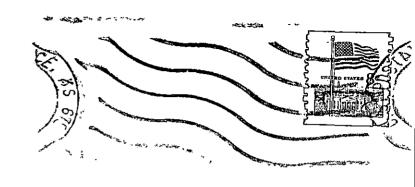
Sec 31 Twp 29 S Rge 14 W

Spot Location Approx. C SW SE

Nearest Lease Line 940 ft

Well No. ______

Est. Total Depth 2750 ft



State Corporation Commission of Kansas

Conservation Division

P.O. Box 17027

Wichita, Kansas 67217

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STATE CORPORATION COMMISSION
11-28-73
NOV 2 8 1973

CONSERVATION DIVISION

(IF PREFERRED, MAIL IN ENVELOPE)