1. Operator —

Address

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

API Number	(For office use only)

Robert E. Campbell 417 S. Glendale Wichita, Kansas 67218

Starting Date ____ 4-10-73 County _5 Kingman

Nearest Lease Line 990 ft

Well No. _____1

2. Contractor ____ Graves Drilling 505 UnionCenter

Address Wichita, Kansas 67202 3. Type of Equipment: Rotary XX Cable Tool

Spot Location ____ SE NW NW

4. Well to be Drilled for: Oil XX Gas XX

Lease Name _____ Ewv

Disposal Other Other 5. Depth of Deepest Fresh Water within 1 mile _______50 ____ft.

6. Depth of Municipal Water Well within 3 miles ______ft.

7. Depth to Protect all Fresh Water _______50 ft.

Est. Total Depth 4200 ft

9 Alternate No. 1 XX No. 2 REMARKS:

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

34-5634-6-21-90

First Class Postage

State Corporation Commission of Kansas Conservation Division
P. O. Box 17027
Wichita, Kansas 67217

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