STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
500 INSURANCE BUILDING
212 NORTH MARKET
WICHITA 2, KANSAS

FORM CP-1

WELL PLUGGING APPLICATION FORM

File One Copy

Lease Owner NAPCO

Address _____

Lease (Farm Name) _____ Well No. _____

Well Location _____ Sec. ____ Twp. ____ Rge. ____ (E) ____ (W) ____

County Rooks Field Name (If any) _____

Total Depth _____ Oil Well ___ Gas Well ___ Input Well ___ SWD Well ___ D & A ✓

Was well log filed with application? Yes If not, explain: _____

Date and hour plugging is desired to begin 4/22/66 2 p.m.

Plugging of the well will be done in accordance with the Rules and Regulations of the State Corporation Commission.

Name of company representative in charge of plugging operations Charles Wayne

Box 151 Address Great Bend

Plugging Contractor Thoroughbred Drilling Co. License No. _____

Address 517 Fitz Bldg.

Invoice covering assessment for plugging this well should be sent to NAPCO

_____ Address _____

and payment will be guaranteed by applicant.

Signed: _____
Applicant or Acting Agent

Date: _____