STATE OF KANSAS STATE CORPORATION COMMISSION

15-039-00453-00-00

Give All Information Completely

Make Required Affidavit

Mail or Deliver Report to:
Conservation Division
State Corporation Commission
212 North Market, Insurance Bldg

WELL.	PLUGGING	RECORD
* * ***********************************	THOOGHIG	IUCOID

212 North Market, Insurance : Wichita, Kansas	Bldg.	Deca		Count	y. Sec. 23	rwp. 28 Rge.	(E)	30(W)
NORTH						· E/C NW -	SW	
	ı	Lease Owner Lease Name	2.0	on Oll P	roducing C		Well No.	
	į			on Bldg.	Okla. Cit	y 6, Oklaho		
	_	Character of W	_	as Oil, Gas o	•			
	! !	Date well comp				nuary 9		1963
23	<u>i</u>	Application for Application for				rbal Janua Janua	-	19 63 19 63
	i	Plugging comm						1963
	1	Plugging compl					ary 9	1963
		Reason for aban	donment of wel	l or producin	g formationD	ry Hole		
	[If a producing	well is abandon	ed date of la	et production	per see pro so		- 10
						or its agents befo		
Locate well correctly on Section Plat		menced? Ye			14 MI			
Name of Conservation Agent Producing formation None						m . 1 p . 1 c .	li 00	20 =
Show depth and thickness of		oil and gas formation		Botton	Ω	Total Depth of	Well_40	Feet Feet
-		_				_		
OIL, GAS OR WATER	RECORL						CASING R	ECORD
FORMATION	77	CONTENT	FROM	ТО	SIZE	PUT IN	PULLE	TUD
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							***************************************	ere e e e e e e e e e e e e e e e e e e
Fil Put Fil Put	ck cement plug le with heavy ck cement plug le with heavy ck cement plug asing below gr	mud to 240 at 240' i mud to 40' 40' to 10	5/8" casing TATE CONFORMATION COMMISSION JAN 29 1963 1-291963					
and the second s			Wichita, Kansas					
. Second transfer for any angular more than the form the first and the first and Williams and the Will Second Sec						<u> </u>		
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			,				-	
With the control of the second		(If additional	description is neces	sary, use BACK	of this sheet)	7		
Name of Plugging Contracto	r Bur							
Address <u>1011 Union</u>	Center	Wichita,	Kansas			^ u		
		, COU						
<u>D.D. Swearing</u> well, being first duly sworn		save. That I have known	avladge of the	employee of o	owner) or (own	er or operator) o	of the above	e-described
above-described well as filed	l and that	the same are true an	d correct. So h	elp me God.	ents, and matter	rs nerem containe	ed and the	log of the
			(Signature)	MAX	Swearin	nen)		
				Comanne	DIA NIC	G 03-4 6	03-7-7	
				Cameron	DTOS OKT	a. City 6,	,	ma.
SUBSCRIBED AND SWOR	N TO before	re me this 22nd	day of_	Jan	uary	, 19_6	3	
				Kar	Jell.	Joude	role	
My commission expires 4-1	5 - 66			/	/	,	Notar	y Public.
			CIRALITY TOWN	(