STATE OF KANSAS_k
STATE CORPORATION COMMISSION

Give All Information Completely				OR		Strike out upper line	
Make Required Affidavit Mail or Deliver Report to:	-	FORMA	TION P	LUGGING	RECORD	when reporting plug- ging off formations.	
Conservation Division State Corporation Commission	Decatur			. 33	" 3S "	27	
800 Bitting Building Wichita, Kansas	Lesstin of "NE1/	NW1/2W1//	Count	m lines NEZ	NE NE	27 (k) W (W)	
NORTH	Losso Owner Co	.1 W 45 W 4 C	or rootage fro	in nnes	у А		
	Lease NameB.	B. Brow	n	omp any	V	Vell No. 1	
	Office Address Bo	Office Address Box 1267, Ponca City, Oklahoma					
	Character of Well	(completed as	Oil, Gas or I	Ory Hole) Dr	y Hole		
	Date well complet	ed			July	31, ₁₉ 45	
	Application for plu	gging filed			Octob	er 16, ₁₉ 45	
	Application for pla	roging annrove	d .		QCTOD	er 5. 19 45	
	Plugging commend	ed			UCTOD	er 5, ₁₉ 45	
	Plugging complete	A			QQ 60 D	GF 9. 19 43	
	Reason for abando	nment of well	or producing	formation	o snow or	MATT TH	
						19	
Locate well correctly on above						e plugging was com-	
Section Plat	menced f	Mr.	H. W. E	Cerr. Gre	at Bend.	Lansa s	
Name of Conservation Agent who sur	Lime Donth t	3526	Rottom	37221 7	Cotal Depth of W	7ell 3981 Feet	
Name of Conservation Agent who sup Producing formation Arbuck 18 Show depth and thickness of all water CALCOR WATER PROCESS.	Lime formations	3923	Donom	3981!	Otal Depth of W		
OIL, GAS OR WATER RECORD	s		i		C	ASING RECORD	
OIL, GAS OIL WATER RECORD					1		
Formation	Content	From	То	Size	Put In	Pulled Out	
	13 3/8"0D	Surface	Casine	<u> </u>	240'	None	
	6"0D 0il	String			3792'3"	109912"	
				•		<u>*</u>	
					1 1	•••••	
				•••••			
	<u> </u>				<u> </u>		
Describe in detail the manner in	which the well was plugg	ed, indicating	where the mu	ıd fluid was plac	ed and the metho	d or methods used in	
and capped with 10	sacks of cem	ent.					
					15115	<u></u>	
		especial and the state of the s	entra				
		TNG	·		STATE CHORE.		
	33		(1)	1e1	Olimica	W \2\	
	1			121	OCT 1 8 194		
,	BOOK PAGE-	8.116-3	7	T-\	194	6 -1	
			(Sample	/8-/	ONSERVATION	<u> </u>	
					UIV SION		
				1/		<u> </u>	
	(If additional descri				OTTION!	10-18-49	
Correspondence regarding this we	ell should be addressed to	D. T	re le l	l Tarone	Kanese	10 10	
Address		·····	· • · · · · · · · · · · · · · · · · · ·	w.gday.wakw.g.	AOSSILAIKEASSIASSI		
NOTE:		was d					
STATE OF Kansas	•			•			
		-	-		operator) of the	above-described well.	
being first duly sworn on oath, says: described well as filed and that the sa		of the facts, st	atamanta an	d matters hereir		•	
	_			2 ()	n contained and t	•	
the same of the sa	me are true and correct.	So help me C		² (),	n contained and t	•	
	me are true and correct.		od.	2 Du		he log of the above-	
	me are true and correct.	So help me C	od.	F. D. #4,	Lyons, K	he log of the above-	
Crysgonynn i Greater - Lee	me are true and correct.	So help me G	R. I	(A	Lyons, K	he log of the above-	
Subscribed and Sworn to before	me are true and correct.	So help me C	R. I	(A		he log of the above-	
	me are true and correct. (Some this 16th	So help me G	R. I	(A	Lyons, K	ensas	
	me are true and correct.	So help me G	R. I	(A	Lyons, K	he log of the above-	
My commission expires Octobe	me are true and correct. (Some this 16th 21st, 1948	So help me 6 Signature)day of	R. I	(A	Lyons, K	ensas	
My commission expires October FLD-EHD Corp. Co 10-16-45 Stanolin	me are true and correct. (Some this lefth results 1948	So help me G	R. I	(A	Lyons, K	ensas	