## STATE OF KANSAS STATE CORPORATION COMMISSION

15-069-01093-00-00

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

212 North Market, Insurance Bldg. Wichita, Kansas	Location as "N	Craham County. Sec. 14 Twp. 6s Rge 21w (E) (W) Location as "NE/CNW%SW%" or footage from lines NE SE SE						
NORTH	Location as "NE/CNW%SW%" or footage from lines NE SE SE  Lease Owner John O. Farmer, Inc.							
	Lease Name Barber Well No. 1							
	Office Address.	P.O.	Box 352	, Russell	, Kansas			
	Character of V	Well (completed	as Oil, Gas or	r Dry Hole).	Dry Hole			
	Date well con	_				3/28	_19_63_	
	•	r plugging filed_				3/28	19 63	
		plugging appro				<u>3/28</u> 3/28	19 63	
	Plugging comp	nenced				3/28	19 <u>63</u>	
<u>    </u>		ndonment of we				3/20	_19_ <b>5</b> 3_	
			a or producing	g romadon _				
	If a producing	well is abandon	ed, date of la	st production			_19	
Locate well correctly on above	Was permission	n obtained from	the Conserva	ation Division	or its agents b	efore plugging	was com-	
Section Plat	menced?		***	* * *	MA			
Name of Conservation Agent who sup	pervised plugging of the	is well	W. L. Ni	chols, Mo	rland, Kan	Sas	~	
Producing formation  Show depth and thickness of all water	er oil and gas formation	Depth to top	Bottom	<u> </u>	_ Total Depth	of Well375	3Feet	
	_	шs.						
OIL, GAS OR WATER RECOR	JDS					CASING RE	CORD	
FORMATION	CONTENT	FROM	TO	SIZE	PUT IN	PULLED	 Tua	
		<del></del>						
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				*****				
Completed	1 4:30 A.M. 3/	/28/63		57	ATE CORPORATION	IVE		
						· #18 (\$6)36 0 0 0 0 0 0	<u></u>	
		***			APR 8	1963		
				C	Wirhita K	4-9	-63	
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			,	,				
	(If additional	description is neces	sary, use BACK o	of this sheet)			<u> </u>	
Name of Plugging Contractor	John U. Farme	r, Inc.						
Address	P.O. Box 352,	Russell,	Kansas					
STATE OF Kansas	COL	NTY OFR	ussell					
	0. Farmer		mployee of o		, SS.			
well, being first duly sworn on oath, above-described well as filed and the	says: That I have kn	owledge of the	a <b>cts.</b> statemer	nts, and matte	ner or operator)	of the above-o	lescribed og of the	
23 N 344	,		X/SVI/	WO	JAMA	nost		
		(Signature)	4×1 ×1		* JU U U	·WV		
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SUBSCRIBED AND SWORN TO befo	ore me this 6th	day of_		April	(Address), 196	53		
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My commission expires_February 1	5. 1967	<u></u>	Helen	Carlson	Helens	<u> Varls</u> Notary P	Public	
-,		· · · · · · · · · · · · · · · · · · ·		- we an some has his high		Livius y E	word.	