## STATE OF KANSAS STATE CORPORATION COMMISSION

15-065-30004-00-00

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		Graham	Count	y. Sec. 25	Twp. 6s Rge	$\frac{23W}{E}$ (E) (W
NORTH		"NE/CNW#SW#"		m lines	C'SW NW	
	Lease Owner	D		.nc.		
	Lease Name Office Addre	75 05 75		sell, Kan	SAS	_ Well No
	Character of Well (completed as Oil, Gas or Dry Hole) Dry Hole					
	Date well completed 1/20 19 65					
	Application	for plugging filed_				/20 <sub>19</sub> 65
	1	for plugging appro				<u>/</u>
		nmenced			1	/00 I9 6
		npletedbandonment of we				/20 19 05
	Ticason for a	bandonment of we	n or producing	g ioimadon		1
	If a produci	ng well is abandor	ed, date of la	st production.		19
Locate well correctly on above	Was permiss	sion obtained from				fore plugging was con
Section Plat	menced?	Yes W	T Nicho	le Mowle	nd Vences	
Name of Conservation Agent who supe	rvised plugging of	this well w.	D. MICHO	TS PRILLS	m. la d	3882 -
Producing formation	oil and gas format	Depth to top	Botton	<b>a</b>	_ Total Depth of	F Well 3002 Fe
OIL, GAS OR WATER RECORD	)S		<del></del>	T		CASING RECORD
FORMATION	CONTENT	FROM	то	SIZE	PUT IN	PULLED DUT
			<del> </del>			
			<del> </del>			
			<del>                                     </del>			
			<u> </u>			
		2 210' 20 s: 3 40' 10 s: eted: 11 P.1	x. cement M. 1/20/6	5		
	W	I. L. Nichol:	s, Morlan	d, Kansas	State Plu	ger
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	r					
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	A				,/,	The Le
					Q00 41	V Co. Sign
	N		***************************************		TO CO.	C6 Mayor
			······································		William.	1905 Vig
	(If addition	onal description is nece	ssarv. use BACK	of this sheet)	- 10 P	W
Name of Plugging Contractor	John O.	Farmer, Inc	3.			10 1 26-6
Address	P.O. B	ox 352, Russ	sell, Kan	sas		38 "O/W
			7			
STATE OF KANSAS	C	OUNTY OF	RUSSELL		, S\$.	
JOHN O. FARMER,	, Pres	<u>ident</u> (	employee of c	owner) or (ow	ner or operator)	of the above-describe
well, being first duly sworn on oath, a above-described well as filed and that	says: That I have the same are true	knowledge of the	facts, stateme	ents, and matte	ers herein contai	ned and the log of th
		(Signature)	urw	O. Ja	mer	
			P.O. 1	Box 352.	Russell, Ka	ınsas
		E+h			(Address)	
SUBSCRIBED AND SWORN TO before	re me this	5thday of_		January	, 19_6	22
			***************************************	Dele	V Car	lson
My commission expires February	15, 1967		Hele	n Carlson		Notary Public.
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