STATE OF KANSAS
STATE CORPORATION COMMISSION

Give All Information Completely
Make Required Affidavit
Mail or Deliver Report to:
Conservation Division

15-065-00461-00-00

WELL PLUGGING RECORD

State Corporation Commission 800 Bitting Building Wichita, Kansas	Graham				Twp. 6S Rge	25 (É)(W)
NORTH	Location as "N	E/CNW#SW#"	or footage fro	mi mico	W NW SW	+i an
	Lease Owner National Cooperative Refinery Ass Lease Name Bangle				ry Associa	-
			Building	Wichita.	Kansas	_ Well No
<u> </u>	Character of Well (completed as Oil, Gas or Dry Hole) Dry Hole					
	Date well completed				April 14.	19 <u>54</u>
		Application for plugging filed				19 <u>54</u>
	Plugging commenced				April 16,	
		Plugging completed				1954
			ell or producin	g formation	Dry Hole	
!!!!	If a producing well is abandoned, date of last production					
Locate well correctly on above Section Plat	menced?		n the Conserv	ation Division (or its agents ber	ore plugging was com-
Name of Conservation Agent who super-			Eldon Pe	tty		
Producing formation					Total Depth of	Well 4034 Feet
Show depth and thickness of all water, or	oil and gas formation	ns.				
OIL, GAS OR WATER RECORDS	.					CASING RECORD
FORMATION	CONTENT	FROM	то	SIZE	PUT IN	PULLED OUT
				8 5/8"	2721	None-cemented
					a material and the second	
The state of the s						
	(If additiona . B. Armer 10 Petroleum	l description is nec				
STATE OF Kansas	, cot	JNTY OF	Sedgwi	.ck	_, SS.	
C. R. Sea	rs		(employee of	owner) or (own	er or operator)	of the above-described
well, being first duly sworn on oath, sa above-described well as filed and that	ys: That I have kn the same are true a	nowledge of the and correct. So	facts, statem	ents, and matte	rs herein contain	aed and the log of the
		(Signature)	0E B-1- T	. / J	Rabit	
		_3	U5 Rule I		<u>Vichita, Ka</u>	insas
SUBSCRIBED AND SWORN TO before	me this 19	day of		April,		54
		-		OR)	0071	· Corre
My commission expires June 30	, 1954	24•7368·S	3-53-20M	STATE OLD	rville May	Notary Public.
	2 Approximation and the second		BD Annies-			
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	557625		54		ANON DIVI	
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