STATE OF KANSAS STATE CORPORATION COMMISSION CONSERVATION DIVISION 245 North Water WICHITA, KANSAS 67202

WELL PLUGGING APPLICATION FORM File One Copy

API Number 15 - 103 - 2107 - 2000 (of this well) Lease Owner SAY A BAKIR Address BOX (c CODELL KS. 67630 Lease (Farm Name) SAROER Well No. Well Location NS - NE Sec. 19 Twp. 75 Rge. 16W(E) (W) County COOKS Total Depth 3850 Field Name Wild Cat Oil Well X Gas Well Input Well SWD Well Rotary D & A Well Log attached with this application as required VCS Date and hour plugging is desired to begin 12/9/81 10:00 AM PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-128 OF THE RULES AND REQUIATIONS OF THE STATE CORPORATION COMMISSION. Name of company representative authorized to be in charge of plugging operations: TAY A BAKER OIL WELL SERU License No. Address BOX 48 CODELL KADSAS Invoice covering assessment for plugging this well should be sent to: Name SAY A BAKER Address BOX 6 CODELL KADSAS Invoice Covering assessment for plugging this well should be sent to: Name SAY A BAKER Address BOX 6 CODELL KADSAS Invoice covering assessment for plugging this well should be sent to: Name SAY A BAKER Address BOX 6 CODELL KADSAS Invoice Covering assessment for plugging this well should be sent to: Name SAY A BAKER Address BOX 6 CODELL KADSAS Invoice Covering assessment for plugging this well should be sent to: Name SAY A BAKER Address BOX 6 CODELL KADSAS Invoice Covering assessment for plugging this well should be sent to: Name SAY A BAKER Address BOX 6 CODELL KADSAS Invoice Covering assessment for plugging this well should be sent to: Name SAY A BAKER Address BOX 6 CODELL KADSAS Invoice Covering assessment for plugging this well as a contract of a contra	API Number	r 15 -	163-210	571-00-00	of this well	11)		
Address BOX (C. CODELL KS. 67630 Lease (Farm Name) SARVER Well No. Well Location NE-NE-NE Sec. 19 Twp. 75 Rge. 16W(E) (W) County ROOKS Total Depth 3250 Field Name Wild Cat Oil Well X Gas Well Input Well SWD Well Rotary D & A Well Log attached with this application as required YES Date and hour plugging is desired to begin 12/9/81 10:00 AM PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-128 OF THE RULES AND REQUIATIONS OF THE STATE CORPORATION COMMISSION. Name of company representative authorized to be in charge of plugging operations: TAY A BAKER Address BOX (C. CODELL KARSAS Invoice covering assessment for plugging this well should be sent to: Name TAY A BAKER CODELL KARSAS Invoice covering assessment for plugging this well should be sent to: Name TAY A BAKER Address BOX (C. CODELL KS. 67630 and payment will be guaranteed by applicant or acting agent.	Tesse Own	er Jay	A	BAKER				overfall like samkernike i refundisk allenden 1901. I Stormet skripte erste en beske i
Well Location NS-NS-NS-NS-NS-NS-NS-NS-NS-NS-NS-NS-NS-N					Ks.	676	30	AREA A MILITARE IN MOST THAN AND AND AND AND AND AND AND AND AND A
Well Location NE-NE-NE Sec. 19 Twp. 75 Rge. 16W(E) (W) County POOKS Total Depth 3850 Field Name Wild Cat Oil Well Gas Well Input Well SWD Well Rotary D & A Well Log attached with this application as required YES Date and hour plugging is desired to begin 12/9/81 10:00 AM PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-128 OF THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION. Name of company representative authorized to be in charge of plugging operations: TAY A BAKER Address BOX (COCELL Plugging Contractor BAKER OIL WELL SERU License No. Address BOX 48 COCELL KANSAS Invoice covering assessment for plugging this well should be sent to: Name SAY A BAKER Address BOX (COCELL KANSAS Invoice covering assessment for plugging this well should be sent to: Name SAY A BAKER Address BOX (COCELL KS. 67630 and payment will be guaranteed by applicant or acting agent.								
County PONS Total Depth 3250 Field Name Wild Cat Oil Well Cas Well Input Well SWD Well Rotary D & A Well Log attached with this application as required YES Date and hour plugging is desired to begin 12/9/8/ 10:00 AM PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-128 OF THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION. Name of company representative authorized to be in charge of plugging operations: TAY A BAKE Address BOX 6 CODELL Plugging Contractor BAKER OIL WELL SERU License No. Address BOX 48 CODELL KANSAS Invoice covering assessment for plugging this well should be sent to: Name DAY A BAKER Address BOX 6 CODELL KS. 676 30 and payment will be guaranteed by applicant or acting agent. RECEIVED STATE CORPORATION COMMISSION Signed: Signed:								
Well Log attached with this application as required VCS Date and hour plugging is desired to begin 12/9/8/ 10:00 AM PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-128 OF THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION. Name of company representative authorized to be in charge of plugging operations: TAY A BAKER Address BOX 6 CODELL Plugging Contractor BAKER OIL WELL SERV. License No. Address BOX 48 CODELL KANSAS Invoice covering assessment for plugging this well should be sent to: Name TAY A BAKER Address BOX 6 CODELL KS. 676 30 and payment will be guaranteed by applicant or acting agent. RECEIVED STATE CORPORATION COMMISSION Signed: Day G. Boxes.								
Well Log attached with this application as required		/						
PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-128 OF THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION. Name of company representative authorized to be in charge of plugging operations: TAY A BAKER Address BOX 6 CODER. Plugging Contractor BAKER OIL WELL SERU License No. Address BOX 48 CODER KANSAS Invoice covering assessment for plugging this well should be sent to: Name BAY A BAKER Address BOX 6 CODER MS. 67630 and payment will be guaranteed by applicant or acting agent. RECEIVED STATE CORPORATION COMMISSION Signed:		***************************************				_		
PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-128 OF THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION. Name of company representative authorized to be in charge of plugging operations: \[\textstyle{\textstyle								
REGULATIONS OF THE STATE CORPORATION COMMISSION. Name of company representative authorized to be in charge of plugging operations:		•			, ,			
Name of company representative authorized to be in charge of plugging operations: TAY A BAKER Address BOX 6 CODELL	PLUGGING	OF THIS WE	I.I. WII.I. RE	NONE IN ACCO	DIM NOT WITH	HKSA 59	5-128 OF T	HE RULES AND
Plugging Contractor BAKER OIL WELL SERU License No. Address BOX 48 CODELL KANSAS Invoice covering assessment for plugging this well should be sent to: Name DAY A BAKER Address BOX 6 CODELL KS. 67630 and payment will be guaranteed by applicant or acting agent. RECEIVED STATE CORPORATION COMMUNICATION Signed: Day G Bake	DESCRIPTION	NO OF THE				u navan.) <u>k</u> 250 02 2.	
Plugging Contractor BAKER OIL WELL SERV. License No. Address BOX 48 CODELL KANSAS Invoice covering assessment for plugging this well should be sent to: Name SAY A BAKER Address BOX 6 CODELL MS. 67630 and payment will be guaranteed by applicant or acting agent. RECEIVED STATE CORPORATION COMMISSION Signed: Day C. Boke.	REGULATIO	ns of the				!	,-120 01 1	
Plugging Contractor BAKER OIL WELL SERU, License No. Address BOX 48 CODELL KANSAS Invoice covering assessment for plugging this well should be sent to: Name SAY A BAKER Address BOX 6 CODELL MS. 67630 and payment will be guaranteed by applicant or acting agent. RECEIVED STATE CORPORATION COMMUNICATION Signed: Day Co. Boke.	٠		STATE CORP	ORATION COMMI	SSION.	1		
Address Sox 48 CODELL KANSAS Invoice covering assessment for plugging this well should be sent to: Name SAY A BANCR Address Box 6 CODELL Ms. 67630 and payment will be guaranteed by applicant or acting agent. RECEIVED STATE CORPORATION COMMISCION Signed: Received Rece	Name of c	ompany rep	STATE CORP	ORATION COMMI	ssion.	harge of pl	Lugging op	erations:
Name <u>JAY A BAKCR</u> Address <u>Box 6 Codell Ns. 67630</u> and payment will be guaranteed by applicant or acting agent. RECEIVED STATE CORPORATION COMMISCION Signed: Received Bake	Name of c	ompany rep	STATE CORP	ORATION COMMI	ssion. to be in cl	harge of pl	iugging op	erations:
Name <u>JAY A BAKCR</u> Address <u>Box 6 Codell Ns. 67630</u> and payment will be guaranteed by applicant or acting agent. RECEIVED STATE CORPORATION COMMISCION Signed: Received Bake	Name of c	Contractor	STATE CORP resentativ SAKEZ BAKE	e authorized	to be in cl Address	harge of pl <u>Βοχ</u> Se <i>ru</i> ,	License	erations: CODELL No.
Address Box 6 CODELL Ms. 67630 and payment will be guaranteed by applicant or acting agent. RECEIVED STATE CORPORATION COMMISCRIPM Signed: Day a Bake	Name of c	ompany rep A Š Contractor	STATE CORP Presentativ SAKER BAKE	cope	to be in cl Address WELL	harge of pl Box Seru Anusas	License	erations: CODELL No.
and payment will be guaranteed by applicant or acting agent. RECEIVED STATE CORPORATION COMMARCE ON Signed:	Name of control of the second	Contractor	STATE CORPORED TO SAKE 2/8	coperation commise authorized Coperation commised Coperation commi	to be in cl Address WELL	harge of pl Box Seru Anusas	License	erations: CODELL No.
STATE CORPORATION COMMANGERIAN Signed: //CM	Name of control of the control of th	company rep Contractor Cox covering as	STATE CORPORED TO SERVICE STATE CORPORED TO SERVICE STATE CORPORED TO SERVICE STATE	CODE	to be in cl Address WELL Chis well s	harge of place of pla	License	erations: CoDELL No.
STATE CORPORATION COMMANGERIAN Signed: //CM	Name of control of the second	Contractor Contractor Covering as	STATE CORP	constitution commission commission constitution commission constitution commission constitution	to be in cl Address WELL Chis well s	SERU. ANSAS hould be se	License	erations: CoDELL No.
(1, 1) = 0	Name of control of the second	Contractor Contractor Covering as	STATE CORPORTED TO SERVICE SAKER 48 Seessment for A Barbarantees	constraint comming the authorized constraint	to be in cl Address Well this well s	SERU. ANSAS hould be se	License	erations: CoDELL No.
1AM-5 1987 Date: 12/10/8/	Name of control of the second	Contractor Contractor Covering as SAY Sox ent will be	STATE CORPORTED TO SECRETARIA SEC	contion commined authorized CODE CODE CODE CODE CODE CODE d by applican	to be in cl Address Well this well s	SERU. ANSAS hould be se	License	erations: CODELL No.

CONSERVATION DIVISION Wichita, Kansas

STATE OF KANSAS

INVOICE and WELL PLUGGING AUTHORITY

STATE CORPORATION COMMISSION CONSERVATION DIVISION 200 Colorado, Derby Bldg. Wichita, Kansas 67202-1286

	Invoice Number:9035_W
TO:JAy Baker	15-163-21671-00-00
— Code11, KS. 67630 PLUGGING ASSESSMENT AS FOLLOWS:	DIE UPCHRECE
Sarver #1 NE NE Sec. 19-7-16W Rooks 3250' NOTE: We also need the following before our file is complete	\$105.63
Well Plugging Record (CP-4) Well Log Well Plugging Application (CP-1)	
WELL PLUGGING AUTHORITY	
Gentlemen: This is your authority to plug the above subject well in accorda corporation commission.	
This authority is void after ninety (90) days from the above d	late.
Admin Mr. MAríon Schmidt 2104 Canterbury Road	nistrator Hays, KS 67601 (913) 628-1200