

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
CONSERVATION DIVISION  
200 DERBY BLDG,  
WICHITA, KANSAS 67202

Rev. 12-11-80  
FORM CP-1

WELL PLUGGING APPLICATION FORM  
FILE ONE COPY

API NUMBER 15-193-20,228 -00-00 (OF THIS WELL)  
(THIS MUST BE LISTED, IF NO API# AVAILABLE PLEASE NOTE DRILLING COMPLETION DATE.)  
LEASE OWNER Abercrombie Drilling, Inc.  
ADDRESS 801 Union Center, Wichita, KS 67202  
LEASE (FARM NAME) H.L. HAYES WELL NO. 1  
WELL LOCATION C NW NW SEC. 28 TWP. 6S RGE. 36W (EAST) (WEST)  
COUNTY Thomas TOTAL DEPTH 4971' FIELD NAME \_\_\_\_\_  
OIL WELL \_\_\_\_\_ GAS WELL \_\_\_\_\_ INPUT WELL \_\_\_\_\_ SWD WELL \_\_\_\_\_ D&A XX  
WELL LOG ATTACHED WITH THIS APPLICATION AS REQUIRED? YES  
(IF NOT STATE REASON WHY)  
DATE AND HOUR PLUGGING IS DESIRED TO BEGIN 2:00 p.m., 9/26/81

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:  
W.W. Towns (Toolpusher) ADDRESS Friendly Acres #12, Colby, KS 67701

PLUGGING CONTRACTOR Abercrombie Drilling, Inc. LICENSE NO. \_\_\_\_\_  
ADDRESS 801 Union Center, Wichita, KS 67202

INVOICE COVERING ASSESSMENT FOR PLUGGING THIS WELL SHOULD BE SENT TO: **RECEIVED 10-13-81**  
NAME Abercrombie Drilling, Inc. STATE CORPORATION COMMISSION  
ADDRESS 801 Union Center, Wichita, KS 67202 **OCT 13 1981**

AND PAYMENT WILL BE GUARANTEED BY APPLICANT OF ACTING AGENT, CONSERVATION DIVISION  
Wichita, Kansas

SIGNED: Jack L. Partridge  
APPLICANT OR ACTING AGENT  
Jack L. Partridge, Vice Pres.  
DATE: September 29, 1981

STATE OF KANSAS

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

INVOICE and WELL PLUGGING AUTHORITY

October 27, 1981

INVOICE NUMBER: 8033-W

TO: Abercrombie Drlg., Inc.  
801 Union Center  
Wichita, 67202

15-193-20228-00-00

PLUGGING ASSESSMENT AS FOLLOWS:

PAYABLE UPON RECEIPT

H. L. Hayes #1  
C NW NW, Sec.28-6S-36W  
Thomas

\$159.25  
~~XXXX~~

NOTE: We also need the following before our file is completed:

- \_\_\_\_\_ 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 accordance with the rules and regulations of the state corporation commission.

This authority is void after ninety (90) days from the above date.



For Administrator

GAIL (XXXXXX)

is hereby assigned to supervise the plugging of the above mentioned well.

RETURN PINK COPY WITH REMITTANCE