STATE OF KANSAS
STATE CORPORATION COMMISSION
Give All Information Completely
Make Required Affidavit
Mail or Deliver Report to:
Consequents

15-179-00005-00-00 WELL PLUGGING RECORD

OR

FORMATION PLUCCING RECORD Strike out upper line when reporting plus-

Conservation Division State Corporation Commission 800 Bitting Building	Sher					Smg Oil I	ormations,	
Wichita, Kansas	***************************************		Coun	ty. Sec	L Twp 7 R	ge(<i>É</i>)/	(W)	
NORTH	Location as "NE¼NW¼SW¼" or footage from lines							
	Lease Name H. E. Webb Well No. 1 Office Address. Russell, Kansas Character of Well (completed as Oil, Gas or Dry Hole) Dry Hole Date well completed no log filed - not available 19							
	Date well comp	oleted 110 10	R TITed	- nc	or avaita	Te	19	
	Application for	plugging filed			T		19	
•	Application for plugging approved				Januar	January 19 19 40		
	Plugging completed				January	January 9. 19 46		
	Reason for abandonment of well or producing formation				Dry Ho	Le	19	
	If a producing v	well is abandone	d, date of last	production			19	
Locate well correctly on above	Was permission	obtained from	the Conservat	ion Division o	or its agents bef	ore plugging	vas com-	
Section Plat	menced?				Yes W V			
Name of Conservation Agent who super Producing formation								
Show depth and thickness of all water,	oil and gas formation	n to top	DOGOII	1	Total Depth of	Well1000	Feet	
OIL, GAS OR WATER RECORDS				•		CASING RE	CORD	
Formation	Content	From	То	Q!	No. a No.	1		
I of medicin	Content	From	10	Size	Put In	Pulled ()ut	
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			1					
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l l	*****************************		i I					
·								
	Heav 10 s base	feet wit vy mud fr sącks of e. 300 f left in	om 255 cement eet of 8	feet to into cel	15 feet			
	(If additional de	scription is necessar	v. use BACK of	this sheet)	APR I 6 194	3		
Correspondence regarding this well	l should be addressed	to Ansch	utz & Po	olcyn	25 (A)			
STATE OF Causas	, COUNT	TY OF OLU	ull		SS.	4-11	-4 C	
being first duly sworn on oath, says: T	Chat I have knowledge ne are true and correct	e of the facts, st	oloyee of owne atements, and	er) or (owner o	or operator) of th	e above-descril	ped well, above-	
45			une	yc, /co	Address)	••••••		
SUBSCRIBED AND SWORN TO before n	ne this 14 TA	day of	april		10 4	18		
, , , , , , , , , , , , , , , , , , ,	,	•		-0.	D 197	. <i>U</i> .		
	M 50/22		× Z	Me	coady	λ1 _ 1 γ). 	
My commission expires Dec. /	73/	22-287	47—10M			$Notary \ P$	ublic.	