STATE OF KANSAS STATE CORPORATION COMMISSION

Give All Information Completely
Make Required Affidavit
Mail or Deliver Report to:
Conservation Division
State Corporation Commission
212 North Market, Insurance Bldg.
Wichita, Kansas

WELL PLUGGING RECORD

212 North Market, Insurance Bldg. Wichita, Kansas	She	eridan	Count	v. Sec. 2	Twn 7S Ro	27W (E) (W)	
NORTH	Location as "l	NE/CNW#SW#"	or footage fro	m linesN	E SE NE	\mathbf{e}^{27W} (E) (W)	
		Lease Owner National Oil Company Lease Name SNIFFEN Well No. 1					
	Lease Name	Suite 55	0, 200 W	J. Doug1	as. Wich	<u> </u>	
	Character of	Well (completed	as Oil, Gas o				
	Date well con	mpleted	1-25-78			19	
		Application for plugging filed Yes Application for plugging approved					
•					3	19	
	1	Plugging commenced Plugging completed 6:00 A.M., 1-25-78					
		andonment of we					
	If a producing	g well is abandor	ned, date of la	st production		19	
Locate well correctly on above	Was permission menced?	on obtained fron Yes	the Conserva	ation Division	or its agents be	fore plugging was com-	
Section Plat Name of Conservation Agent who sur			lbert Ba	1thazor			
Producing formation		Depth to top	Botton)	Total Depth o	f Well Feet	
Show depth and thickness of all wate	r, oil and gas formation	ons.			•		
OIL, GAS OR WATER RECOR	DS		,			CASING RECORD	
FORMATION	CONTENT	FROM	то	SIZE	PUT IN		
				SIZE	POLIN	PULLED OUT	
			J.		,		
	NEW COMPANIES AND A CONTROL OF THE STATE OF						
Plug #1 Plug #2		70 :			,,,,,,,,,,,,,,	feet to	
Plug #3	40'	10 :		Andrew constitutes on the constitute of the cons		Mare Brief from the first from the Marie Annual	
			*	DECEN	()	With a self-deposity to the print has an anomaly on your part of the self-deposits on the self-deposits of the self-deposits on the sel	
		STATE CORPORATION COMMISSION					
	M1744.1-1-144.00 (1914.1914.1914.1914.1914.1914.1914.1914						
	Walter the American Street Str	JAN 3 1 38, 19 + 8					
		JAN SULLINGIANI					
		OCHSERVATION DIVISION Wichita, Kansas					
				KW LONG BURNEY	***************************************	MACHINE CO. 100 March 100	
				1			
Name of Physician Contractor	John 0. Fa	al description is nece	ssary, use BACK	of this sheet)			
Name of Plugging ContractorAddress			Cansas	67665			
STATE OFKANSAS		<u> </u>	DIICCELI				
	mer CO	UNTY OF	RUSSELL		_, SS.		
well, being first duly sworn on oath,		nowledge of the	facts, stateme	wner) or (own nts. and matte	ner or operator)	of the above-described	
above-described well as filed and tha	t the same are true s	and correct. So	help me God.	ind, and matte) . 4	ned and the log of the	
3 A 3		(Signature)	SOM	V O. I	arma	N	
		D/C	x 352,	R1100011	Kansas	67665	
MATADE	\$ 4	. 8			, Kansas (Address)	07003	
SUBSCRIBED AND SWORN TO Before	ore me this 25t	h day of	Janua		. 19	78	
Aumile in	1			01.1.	10		
My commission expires Februar	y 15, 1979		Helen C	arlson	~ Carl	Notary Public.	
A HITTORY				•		-	
Application of the second seco		ROBERTS-HUTCH	NSON, KS.				