Give All Information Completely Make Required Affidavit Mail or Deliver Report to: Conservation Division State Corporation Commission 211 No. Broadway

WELL PLUGGING RECORD

211 No. Broadway Wichita, Kansas	****	Rooks	County	. Sec5_	Twp. 8 Rge.	$\frac{17}{(E)}$ (E)	
NORTH		NE/CNW%SW%"	or footage from	ı linesN	SE SE		
<u> </u>	Lease Owner_	Lease Owner Okmar Oil Co.					
	Lease Name_		Eckart	77.7 7 7.7	• .i. * .b	Well No. #14	
	Office Address				<u>ichita, Kan</u>		
	1		as Oil, Gas or	Dry Hole) _		19	
	i	Date well completed Application for plugging filed					
1		Application for plugging approved					
	Plugging com	Plugging commenced 11-22-64					
	Plugging com	Plugging completed 11-23-64					
	Reason for abo	andonment of we	ll or producing	formation			
				_		19	
Locate well correctly on above				tion Division	or its agents befo	ore plugging was com-	
Section Plat		Lia II		n Pattir			
Producing formation	ipervised plugging of the	vised plugging of this well Eldon Petty Depth to top Bottom Total Depth o					
Show depth and thickness of all wat			DOLUME.	**************************************	. Total Depth of	Well 3353 Feet	
OIL, GAS OR WATER RECO	RDS					CASING RECORD	
FORMATION	CONTENT	FROM	то	SIZE	PUT IN	PULLED OUT	
						596.35!	
						,,,,,,	
				·			
			 		 		
			 				
	back to 35' -	•		MIAEU CH	T Camper 10	SCURD	
				STATE CURPORATION COMMISSIO			
					NOV 2	5 1964	
		CONSERVATION FRANCE					
		Wichita, Kansas					
Name of Plugging Contractor	(If additions	al description is nece	ssary, use BACK o	f this sheet)	*	11-29-64	
	Box 364, Great						
Southwest Casing F	Colling Co. In	UNTY OF B	arton		, SS.		
Southwest Casing F well, being first duly sworn on oath bove-described well as filed and th	, says: That I have k	nowledge of the	facts, statemen	vner) or (own ts, and matte	ner or operator) or s herein contain	of the above-described ed and the log of the	
		(Signature)	- 1 -	Spen	cel	Sec.	
		فسنتحرين	Box 364,		end, Kansas		
SUBSCRIBED AND SWORN TO be	fore me this 24	day of_	Novembe		(Address), 19	64	
A. I Co	etolen 1	6/0	Sid	my i	D. Wi	ll	
My commission expires 2 U	exolen 1	168		\cup		Notary Public.	