15-073-19504-00-00

STATE OF KANSAS STATE CORPORATION COMMISSION CONSERVATION DIVISION 800 BITTING BUILDING WICHITA, KANSAS

WELL PLUGGING AFPLICATION FORM

Lease Owner W. H. Men Address VIRSIG TS (Applicant) well No. / Lease (Farm Name) Jom Sec. 22 Twp. 23 Rge. 10 (E)-(**) Well Location Field Name (if any) (TREENWOOD County Gas Dry Hole Oil Total Depth 217 Was well log filed with application? γ_0 . If not, explain: FOLLON Date and hour plugging is desired to begin Plugging of the well will be done in accordance with the Rules and Regulations of the State Corporation Commission, or with the approval of the following exceptions: Explain fully any exceptions desired, (Use an additional sheet if necessary) Name of the person on the lease in charge of well for owner Word Address non Name of Plugging Contractor Address Invoice covering assessment for plugging this well should be sent to 21.74 (man Address S. and payment will be guaranteed by applicant. OMMISSION Applicant or Acting (Agent Date

Pg



STATE OF KANSAS

STATE CORPORATION COMMISSION CONSERVATION DIVISION 800 BITTING BUILDING WICHITA, KANSAS



Well No.ILeaseTon MardsDescriptionNVA 22-23-108CountyGreenwoodFile No.92-39

Mr.Robert I. Noore c/o Woodsen Hotel I tes Center, Kansas

Der Sir:

This letter is your authority to plug the above subject well, in accordance with the Rules and Regulations of the State Corporation Commission. When you are ready to plug this well, please contact our District Plugging Supervisor, Mr.

STATE CORPORATION COMMISSION CONSERVATION DIVISION

ants ROBERT

cc: DISTRICT PLUGGING SUPERVISOR