STATE OF KANSAS STATE CORPORATION COMMISSION CONSERVATION DIVISION 300 BITTING EUILDING WICHITA, KANSAS

WELL PLUGGING APPLICATION FORM

Well Location SESW NE Sec. 3 T	wp. 98 Rge. 21W (E) (W)
Field Name (if any)C	ounty Graham
Lease (Farm Name) Trembley	Well No. 1
Was well log filed with application?	
and give available data (Use an additi	onal sheet if necessary)
Stratigraphic test	
Date and hour plugging is desired to b	egin 10 AM July 23, 1944
Plugging of the well will be done in a	accordance with the Rules and Reg-
ulations of the State Corporation Comm	mission, or with the approval of
the following exceptions: Explain full	y any exceptions desired (Use an
additional sheet if necessary)	
Name of the person on the lease in cha	arge of well for owner
J. George Klein Address Box :	120 Hays, Kansas
Name of well owner or Acting Agent	Continental Oil Co.
Address Ponca City, Oklahoma	
Invoice covering assessment for pluggi	
J. George Klein Address Bo	ox 120 Hays, Kansas 27/44
and payment will be guaranteed by appl	licant,
DI HARING I	1 Al as a Bla
3 9 214	Derator of Acting Agent
125 15 30 Date	∃ July 26, 1944



STATE OF KANSAS

STATE CORPORATION COMMISSION

CONSERVATION DIVISION 800 BITTING BUILDING WICHITA 2, KANSAS

July 26, 1944

IN REPLY PLEASE REFER TO THIS SUBJECT

Well No. Farm Trombly Description SEC SW ME 3-9-81 County Graham File 125-38

Continental Cil Company R. R. /4 Lyons, Kansas

Gentlemen:

This letter is your permit to plug the above subject well, in accordance with the Rules and Regulations of the STATE CORPORATION COMMISSION.

Yours very truly,

STATE CORPORATION COMMISSION

T. A. MORGAN, DIRECTOR CONSERVATION DIVISION

JF

NOTICE: Bldon R. Petty

Great Bend, Eanses

STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
300 BITTING EUILDING
WICHITA, KANSAS

WELL PLUGGING APPLICATION FORM

The first of the contract of t
Well Location SE Sou. NE Sec. 3 Twp. 7 Rge. 2/16 (W)
Field Name (if any) County
Lease (Farm Name) //emb/4 Well No. /
Was well log filed with application? If not, explain circumstances
and give available data (Use an additional sheet if necessary)
Date and hour plugging is desired to begin
Plugging of the well will be done in accordance with the Rules and Reg-
ulations 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
Address
Name of well owner or Acting Agent_
Address
Invoice covering assessment for plugging this well should be sent to:
Address
and payment will be guaranteed by applicant
JAMES AREL
Operator or loting Agent 3 9-12/Wate 125-38
3 9-2/wate 7-23
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