Rev. 6-3-74 FORM CP-1

## STATE OF KANSAS STATE CORPORATION COMMISSION CONSERVATION DIVISION 245 North Water WICHITA, KANSAS 67202

## WELL PLUGGING APPLICATION FORM File One Copy

	1-	1a .	2 6 1-02	المستراد	50						9	
API Number						is we	11)			•		
Lease Owner _	Oxford Exploration Co., Inc.											
Address	1550 Denver Club Bldg., Denver, CO 80202											
Lease (Farm No	ame)	H.S.B.	Hoxie	State	Bank		anajii i kilkomopade		Well 1	No. 32-	83	osenika i velikonom nilikolikoj je uvode svoja
Well Location	SW SE	NE		Sec	. 32	Twp.	8s	Rge.	26	(E)	(W	<u> </u>
County	Sherid	an		Tota	l Dept	h	3	920	Fie	ld Name		
Oil Well			,									
Well Log atta	ched wi	th this	applic	ation a	s requ	ired	Y	es				
Date and hour plugging is desired to begin 4-8-81												
Name of compar Leo S	_			horized				-		_		
Plugging Cont	ractor		( <b>*</b> )									
Address												anderta-enthers arredo-enthers are an engage to the
Invoice cover:	ing ass	essment	for pl	ugging '	this w	ell s	houle	i be s	ent to	):		
Name	Oxford	Exp1or	ation (	Co., Inc					,	, / .		· Air
Address	1550 D	enver (	lub Bld	lg., Der	ver.	CO 8	0202					
and payment w	ill be	guarant	eed by	applica	nt or	actin	g ag	ent.		WQ,	45 773	0 8
				•	Sig	ned:		Appli	cant (	or Acti	Maria Age	nt
					· ·	ate:			. Muri	in		·

STATE OF KANSAS 15-179-20583-00-00

STATE CORPORATION COMMISSION CONSERVATION DIVISION 200 Colorado, Derby Bldg. Wichita, Kansas 67202

	INV	OICE and WELL PLUGGING AUTHORITY	200 Colorado, Derby Bldg. Wichita, Kansas 67202				
		May 29, 1981	INVOICE NUMBER: 5537-W				
	TO:_	OXFORD EXPLORATION Co.	INVOICE INUMBER.				
	10	1500 DenverClub Bldg.					
ŝ		Denver, CO., 80202					
F	PLU	JGGING ASSESSMENT AS FOLLOWS:					
		H, S. B. or Hoxie State Bank #32-83 SW SE NE, Sec.32-8S-26W					
		Sheridan Murfin Drlg. Co.	\$127.40				
	NOT	E: We also need the following before our file is complete	ed:				
		Well Plugging Record (CP-4)  Well Log  Well Plugging Application (CP-1)					
	WEI	LL PLUGGING AUTHORITY					
	This i	emen: is your authority to plug the above subject well in accordant ration commission.	nce with the rules and regulations of the state				
	This a	authority is void after ninety (90) days from the above da	ate:				
7	AY	ADLE UTON RECEIPT For Admini	strator (PSS)				
		Mr. Galbert Balthazor, P.O. Box 9, Palco, Ka	naga 67657 :				
		is hereby assigned to supervise the plugging of t	he above mentioned well.				
		RETURN PINK COPY WITH REMIT					