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

WELL PLUGGING APPLICATION FORM

Lease Owner Chas, Carlock A	102 Insurance Bldg., Address Wichita, Kansas
(Applicant)	•
Lease (Farm Name) Strickland	Well No. 1
Well Location SW SW NW S	ec. 20 Twp. 26 Rge. 2E (E)-WY
County Sedgwick F Plugged back 2670	'ield Name (if any)
Total Depth 2947 C	Dil X Gas Dry Hole
was well log filed with application?	
Will file with well plugging record	
Date and hour plugging is desired to	begin as soon as possible
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) NO EXCEPTIONS
Name of the person on the lease in ch	arge of well for owner
Address	
Name of Plugging Contractor_	
Address	paramental de la compete d
Invoice covering assessment for plugg	ing this well should be sent to 102 Insurance Bldg.,
Chas. Carlock Add	ress Wichita, Kansas
and payment will be guaranteed by app	licant.
L PLUGGING	

Wichita, Kansas

Date August 6, 1951



STATE OF KANSAS

STATE CORPORATION COMMISSION CONSERVATION DIVISION 800 BITTING BUILDING

WICHITA, KANSAS

August 6, 1951

Well No.
Lease
Description
County
File No.

1 Strickland SI SI III 20-26-28 Sedgrick 100-36

Nr. Chas. Carlock 102 Insurance Eldg. Wichita, Kansas

Dear Sire

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

ce: DISTRICT PLUGGING SUPERVISOR