## 15-163-03324-00-00

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

| WELL PLU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | JGGING APPLICATION FORM P. 0 Drawer #552,      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ning Companyddress Enid, Oklahoma.             |
| (Applicant) Lease (Farm Name) Hinki                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | house Well No. 1                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sec. 10 Twp. 10sRge. (E) or (W) 20w            |
| County Rooks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Field Name (if any) Marcotte                   |
| Was well log filed with ap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | pplication? Yes . If not, explain:             |
| And the second s |                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| Date and hour plugging is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | desired to begin 1:00 PM Sept. 10, 1949        |
| Plugging of the well will                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | be done in accordance with the Rules and       |
| Regulations of the State (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Corporation Commission, or with the approva    |
| of the following exception                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ns: Explain fully any exceptions desired.      |
| (Use an additional sheet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | if necessary)                                  |
| No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | exceptions                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | lease in charge of well for owner              |
| W. B. Dignan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -Address Medicine Lodge, Kansas.               |
| Name of Plugging Contract                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | or Champbin Refining Company P. U. Drawer #552 |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Enid, Oklahoma.                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nt for plugging this well should be sent to    |
| Champlin Refining Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Address P. O. Drawer #552, Enid, Oklahoma      |
| and payment will be guara                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nteed by applicant.                            |
| - And Annalism Anna                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SEPI S. P. SHOO                                |
| PLUGGING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 67/09-14-1949 Applicant or Acting Agent        |
| FELT SECK TIOR XE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CO. 1949<br>12000 42/ September 10, 1949       |



## STATE OF KANSAS STATE CORPORATION COMMISSION

CONSERVATION DIVISION 800 BITTING BUILDING WICHITA, KANSAS

September 14, 1949

IN REPLY PLEASE REFER TO THIS SUBJECT

15-163-03324-00-00

Well No.
Lease
Description
County
File No.

l Hinkhouse SE SW SE 10-10-20W Rooks 114-1

1995年3月1

Champlin Refining Co. Box 552 Enid, Oklehoma

## Gentlemen:

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. Eldon Petry, Box 326, Mays, Ks.

STATE CORPORATION COMMISSION CONSERVATION DIVISION

J. P. ROBERTS

cc: DISTRICT PLUGGING SUPERVISOR

PURCHASE ORDER

## CHAMPLIN REFINING COMPANY

PRODUCTION DEPARTMENT

|             | ENID. OKLAHOM.                                                               | A                  |                   |
|-------------|------------------------------------------------------------------------------|--------------------|-------------------|
| 15-1103     | 3-033240-00-00INSTRUCTION                                                    | 45AFTVI            | n                 |
| · cuow      | OPDER NUMBER ON INVOICE AND SH                                               | PPING PACKAGE OF   | TÂG.              |
| 4 CEND      | INVOICE IN TRIPLICATE TO PURCHASI<br>Y ALL SHIPMENTS AND ATTACH FREIGHT OR I | MO-RELVICINE 315 - | NID, OKLA.<br>CE. |
| 3. PREPAY   | Y ALL SHIPMENTS AND ATTACK TREETS ON                                         | SEP 1. 9 1949      |                   |
|             | State Corporation Comm                                                       | i-ssionporatio     | N                 |
|             |                                                                              | COMMISSION         |                   |
| -           | Conservation Division                                                        | - Postan           |                   |
|             | 800 Bitting Bldg.<br>Wichita, Kansas                                         |                    |                   |
|             | Wichita, Nanoas                                                              |                    |                   |
| SHI         | IP TO CHAMPLIN REFINING COMPANY                                              | VIA PRE            | PAID              |
|             |                                                                              |                    |                   |
| e 1         |                                                                              |                    |                   |
|             | Hinkhouse #1 Well                                                            |                    |                   |
|             |                                                                              |                    |                   |
|             | Danier Hinkhouse Well                                                        | No: 1              |                   |
|             | Plugging Hinkhouse Well<br>SE SW SE 10-10-20W                                | . <b>110 · .</b>   |                   |
|             | File No. 114-1                                                               | é                  | 25.00             |
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|             | BILIGGING                                                                    |                    |                   |
|             | - coc/O-T/O                                                                  | 30C                |                   |
|             | DAGE 114 LINE                                                                |                    |                   |
| •           | BOOK PAGE                                                                    | Control Control    |                   |
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|             |                                                                              | g is               |                   |
|             | -                                                                            | •                  |                   |
|             |                                                                              |                    |                   |
|             | Confirming                                                                   | MPLIN REFINING O   | COMPANY           |
| DATE        | 9-17-49 CHA                                                                  | MPLIN REFINING     |                   |
| DATE        |                                                                              | SATTLE             | <u>//</u>         |

**N**º 26644 **L** 

PR-2-5000-4-49