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

WELL PLUGGING APPLICATION FORM

Well Location Sec. Twp. Twp. (W)
Field Name (if any) Wildcat County Sheridan
Lease (Farm Name) Mc Summe Well No.
Was well log filed with application? If not, explain circumstances
and give available data (Use an additional sheet if necessary)
wf flugging-record
Date and hour plugging is desired to begin fam 3/940 13:1541
Plugging of the well will be done in accordance with the Rules and Regu-
lations of the State Corporation Commission, or with the approval of the
following exceptions: Explain fully any exceptions desired (Use an ad-
ditional sheet if necessary)
Name of the person on the lease in charge of well for owner for louak
Address Wakeeney Ganoas
Name of well owner or Acting Agent Chico demice Ocl Co
Address /danklesulle Otta
Invoice covering assessment for plugging this well should be sent to:
Address Woul
and payment will be guaranteed by applicant.
Les Touas
Operator or Acting Agent
10 9. 2.7W Date San 4/940
D1-11-1940
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