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

WELL PLUGGING APPLICATION FORM File One Copy

API Number 15 - 065 - 21381-00-00 (of this well)
Lease Owner ROBINOWITZ OIL COMPANY
Address 6650 S. Lewis Tulsa, OK 74136
Lease (Farm Name) OIL Well No. 4
Well Location NE SW NE Sec. 27 Twp. 10 Rge. 21 (E) (W) X
County Graham Total Depth 3743! Field Name NA
Oil Well Gas Well Input Well SWD Well Rotary D & A X
Well Log attached with this application as required NA
Date and hour plugging is desired to begin 3/2/81 - 12:00 noon
PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-128 OF THE RULES AND
REGULATIONS OF THE STATE CORPORATION COMMISSION.
Name of company representative authorized to be in charge of plugging operations:
Raymond L. Thomas Address 6650 S. Lewis - Tulsa, OK 74136
Plugging Contractor Sun Oilwell Cementing, Inc. License No. NA
Address Post Office Box 169 - Great Bend, KS 67530
Invoice covering assessment for plugging this well should be sent to:
Name ROBINOWITZ OIL COMPANY
Address 6650 S. Lewis - Tulsa, OK 74136
Audi ess. 0000 by Hewits Williams of 74200
and payment will be guaranteed by applicant or acting agent.
STATE CORPORATION CEMISSION Signed: Laymond Shomas
MAR 1 2 1981 Applicant or Acting Agent
O3-12-198L Date: 3-10-81 CONSERVATION DIVISION Wichita, Kansas

INVOICE and WELL PLUGGING AUTHORITY

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

	April 24, 1981	Invoice Number: 5267-W
то:	Robinowitz Oil Co. 6650 S. Lweis Tulsa, OK.74136	15-065-21381-00-00
	CINO ACCECCATENT AC EOU LONG	
PLUG	GING ASSESSMENT AS FOLLOWS:	
	NE SW NE, Sec.27-10S-21W Graham Ranger Drlg.	\$122.53
NOTE:	We also need the following before our file is o	completed:
	Well Plugging Record (CP-4) Well Log Well Plugging Application (CP-1)	
WELL	PLUGGING AUTHORITY	
		accordance with the rules and regulations of the state
This au	thority is void after ninety (90) days from the a	bove date.
5	AVAULE UP LIN INGUIST FO	or Administrator
	Mr. Gil Balthazor, P.O. Box 9, F	21co Ve 67657
	is hereby assigned to supervise the plus	gging of the above mentioned well.
	RETURN PINK COPY WI	TH REMITTANCE