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

WELL PLUGGING APPLICATION FORM File One Copy

API Number 15- 16	3 - 21,830 -000	o (of this	well)			
Lease Owner	Bowman Oil Com	npany	<u>ال</u> م	c 6931		
Address	P.O. Box 17	Codell, Ka	nsas 67630			
Lease (Farm Name)		-	Т	owns	Well No.	‡1 .
Well Location NE						
County <u>Rooks</u>	Т	otal Depth	3760'	Field	Name	**************************************
Oil Well Gas We	llInput	Well	SWD Well_	Rotary	D & A x	
Well Log attached wit	h this applicat	ion as requ	ired	Yes		
Date and hour pluggin	g is desired to	begin	11:45 P.N	1. 10-24-8	2	
REGULATIONS OF THE ST Name of company repre Tom Alm	sentati v e autho	rized to be	in charge			
Plugging Contractor_						
Address				i		
Invoice covering asse					•	
Vame		,				
Address			•	ļ. (
and payment will be g	uaranteed by ap	plicant or	acting agen	t.		
STATEC	RECEIVED	Sign		licant or A	O Oo Acting Age	wyna ent

DEC 1 0 1982

CONSERVATION DIVISION Wichita, Kansas