

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

Rev. 6-3-74
FORM CP-1

WELL PLUGGING APPLICATION FORM
File One Copy

API Number 15 - 065 - 21,443 ✓ (of this well)
Lease Owner Petroleum, Inc.
Address 800 R.H.Garvey Bldg., Wichita, Ks. 67202
Lease (Farm Name) Grecian 'B' Well No. 1
Well Location C NE SW SW Sec. 9 Twp. 10S Rge. (E) 21 (W)
County Graham Total Depth 3845 Field Name _____
Oil Well _____ Gas Well _____ Input Well _____ SWD Well _____ Rotary D & A X
Well Log attached with this application as required yes
Date and hour plugging is desired to begin 5:00a.m. 6-27-81

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:
Claude E. Norwood Address P.O.Box 635, Great Bend, Ks. 67530

Plugging Contractor D N B DRILLING, INC. License No. _____
515 R. H. Garvey Building
Address Wichita, Kansas 67202 STATE CORPORATION COMMISSION

Invoice covering assessment for plugging this well should be sent to JUL - 8 1981
7-8-1981
Name Petroleum, Inc. CONSERVATION DIVISION
Wichita, Kansas
Address 800 R.H.Garvey Bldg., Wichita, Kansas 67202

and payment will be guaranteed by applicant or acting agent.

Signed: *Claude E. Norwood*
Applicant or Acting Agent
Date: July 2, 1981

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

INVOICE and WELL PLUGGING AUTHORITY

June 27, 1981
July

5955-W

INVOICE NUMBER: _____

TO: Petroleum, Inc.
300 W. Douglas
Wichita, KS. 67202

PLUGGING ASSESSMENT AS FOLLOWS:

T1D.. 3845'

Grecian "B" #1

C NE SW SW, Sec. 9-10S-21W

Graham

DNB Drlg.

\$124.96

NOTE: We also need the following before our file is completed:

- _____ Well Plugging Record (CP-4)
 _____ Well Log
 _____ Well Plugging Application (CP-1)

WELL PLUGGING AUTHORITY

Gentlemen:

This is your authority to plug the above subject well in accordance with the rules and regulations of the state corporation commission.

This authority is void after ninety (90) days from the above date.

PAYABLE UPON RECEIPT

 For Administrator

Mr. Gilbert Balthazor, P.O. Box 9, Palco, KS., 67657

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_____ is hereby assigned to supervise the plugging of the above mentioned well.