Form CP-3 Rev. 6-26-62 KANSAS

STATE CORPORATION COMMISSION REPORT CORPORATION COMMISSION

JUN 15 1305 OU-15-65 Conservation Division

Wichita, Kansas

J. P. Roberts
Assitant Director
500 Insurance Building
212 North Market
Wichita 2, Kansas

inv. No. \_\_\_

| Operator's Full Name     | Herndon Dr        | illing Company,               |                                       |                   |                                       |
|--------------------------|-------------------|-------------------------------|---------------------------------------|-------------------|---------------------------------------|
| Complete Address:        | Box # 489,        | Tulsa. Oklahoma.              |                                       |                   |                                       |
| Lease Name_              | Noah              | We                            | ell No                                | 1                 |                                       |
| Location                 |                   | Sec. 13                       |                                       | 187 20 - 21 - 187 | (E) (W) 22                            |
| County                   | Graham            | Total                         | Depth_                                | Original          | 39421                                 |
|                          |                   | Input WellS                   |                                       |                   |                                       |
|                          |                   | (WASHDOWN)                    |                                       |                   |                                       |
| Plugging Contractor      | Tom-Kat, I        | ncorporated,                  |                                       |                   |                                       |
| Address: 1125 Wid        | chita Plaza Bu    | ilding, Wi <b>c</b> hita,     | Kansas                                | icense No.        | <del></del>                           |
| Operation Completed      | : Hour 5:30AM     | Day 12 Month                  | 6                                     | Year              | 1965                                  |
| The Above well was       | plugged as follow | <b>vs:</b>                    |                                       |                   |                                       |
| 182'8 5/8" Sur           | face pipe, cem    | ent circulated.               |                                       |                   |                                       |
| Circulated hole          | with heavy mud    | , set plug @ 540              | and d                                 | isplaced 2        | 0 Sx.                                 |
| cement thru DP.          | Heavy mud to      | 180', set plug wi             | ith 🔒 s                               | ack hulls         | and dis-                              |
| placed 20 Sx. cer        | ment thru DP.     | Heavy mud to 40               | , set                                 | olug with         | ½ sack                                |
| hull <b>s</b> and 10 Sx. | cement to bot     | tom of cellar.                | · · · · · · · · · · · · · · · · · · · |                   | <del></del>                           |
|                          |                   |                               | _ <del></del>                         |                   |                                       |
|                          |                   |                               | ···                                   |                   |                                       |
|                          |                   |                               |                                       |                   |                                       |
| I hereby certify th      |                   | l was plug <b>ged a</b> s her | ein stat                              | ed.               | 1                                     |
|                          | IVOICED           | Si                            | gned: /                               | // √ . ✓ '.       | Supervisor                            |
|                          |                   | /                             | "                                     |                   | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |