

15-169-00150-00-00

STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
300 BITTING BUILDING
WICHITA, KANSAS

WELL PLUGGING APPLICATION FORM

Well Location S24 S24 Sec. 35 Twp. 13 Rge. 1 (E) 1 (W) 1

Field Name (if any) _____ County Saline

Lease (Farm Name) Duncan Well No. 1

Was well log filed with application? No If not, explain circumstances and give available data (Use an additional sheet if necessary) _____

Dry hole

Date and hour plugging is desired to begin July 15

Plugging of the well will be done in accordance with the Rules and Regulations of the State Corporation Commission, or with the approval of the following exceptions: Explain fully any exceptions desired (Use an additional sheet if necessary) _____

Name of the person on the lease in charge of well for owner _____

R. M. Silver Address 826 E. Central

Name of well owner or Acting Agent R. M. Silver

Address 826 E. Central

Invoice covering assessment for plugging this well should be sent to:

R. M. Silver Address 826 E. Central

and payment will be guaranteed by applicant.

PLUGGING
FILE 35 13-14
BOOK PAGE 123 NE-1

R. M. Silver 07-01-1944
Operator or Acting Agent

Date 6/20/44