STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
500 INSURANCE BUILDING
212 NORTH MARKET
WICHITA 2, KANSAS

15.169.00252-0000 FORM CP-1

Applicant or Acting Agent

WELL PLUGGING APPLICATION FORM File One Copy

Lease Owner Address Lease (Farm Name) Well Location A () /5 Rge. / County Field Name (If any) Total Depth Oil Well Gas Well Input Well SWD Well D & Was well log filed with application? If not, explain: Lee Date and hour plugging is desired to begin Plugging of the well will be done in accordance with the Rules and Regulations of the State Corporation Commission. Name of company representative in charge of plugging operations Invoice covering assessment for plugging this well should be sent to Address and payment will be guaranteed by applicant.

State of Kansas



WM. H. AVERY WILLIAM L. MITCHELL JAMES O. GREENLEAF HARRY G. WILES RAYMOND B. HARVEY E. EDWARD JOHNSON

Governor Chairman Commissioner Commissioner Secretary Gen. Counsel 15.169.00252.00

State Corporation Commission

CONSERVATION DIVISION

(Oil, Gas and Water) 212 N. Mar 500 Insurance Bidg.

WICHITA, KANSAS 67202

November 2, 1965

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WELL PLUGGING AUTHORITY

Well No.

Lease

Description

County

Total Depth

Schwartz NW NW SE 27-15-1W

Saline

25931 Plugging Contractor Art Lamb Casing Pulling

Cal Jones Canton, Kansas

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 90 days from the above date.

Very truly yours,

Gilbert Toman Box 180 Holyrood, Kansas is hereby assigned to supervise the plugging of the above named well.