15-169-20011-00-00

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

Form CP-1

SEP 1 8 1969
CONSERVATION DIVISION

WELL PLUGGING APPLICATION FORM
File One Copy

Wichita Kansas Lease Owner (Applicant) Address Lease (Farm Name) Well No. Well Location Twp.  $\sqrt{5}$  Rge.  $\sqrt{2}$  (E) (W) County Field Name (If any) Oil Well Gas Well Input Well SWD Well D & A Total Depth Was well log filed with application?\_\_\_\_\_ 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 the person on the lease in charge of well owner Address Plugging Contractor License No. Address Invoice covering assessment for Augging this well should be sent to Address and payment will be guaranteed by applicant.

Signed: Applicant of Acting Agent

Date: 9-17-69



15-169-20011-00-00

## State Corporation Commission

## CONSERVATION DIVISION

(Oil, Gas and Water)

500 Insurance Bldg.

212 N. Market

STATE CORPORATION COMMISSION September 18, 1969 CONSERVATION COMMISS WICHIEL Kansas Wichital Kansas

## WELL PLUGGING AUTHORITY

Well No.

Lease

Description

County

Total Depth

Plugging Contractor

Agnes Johnson SW SE SW 11-15-2W

Saline

2830

Art Lamb Casing Pulling

George Hess 505 N. Charles McPherson, Kansas 67460

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.