

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

RECEIVED
STATE CORPORATION COMMISSION

FEB - 3 1982
02-03-1982
CONSERVATION DIVISION
Wichita Kansas

API Number 15 - 169 - 20.161 - 00-00 (of this well)

Lease Owner Petromark Exploration, Inc.

Address 7030 South Yale Suite 711, Tulsa, Okla. 74177

Lease (Farm Name) Elsie Well No. #1

Well Location C SW SW Sec. 36 Twp. 15S Rge. 2 (E) (W) X

County Saline Total Depth 3638 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 5:15 p.m. 1-31-82

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:

Richard G. Smith Address P.O. Drawer 1609, Gt. Bend, KS

Plugging Contractor Mustang Drilling & Exploration, Inc. License No.

Address P.O. Drawer 1609, Great Bend, KS 67530

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

Name Mustang Drilling & Exploration, Inc.

Address P.O. Drawer 1609, Great Bend, KS 67530

and payment will be guaranteed by applicant or acting agent.

Signed: 
Applicant or Acting Agent

Date: February 2, 1982

INVOICE and WELL PLUGGING AUTHORITY

February 9, 1982

9359-W

INVOICE NUMBER: _____

TO: Petromark Explorations, Inc.
7030 South Yale Suite 711
Tulsa Oklahoma 74144

CASH PAID UPON RECEIPT

PLUGGING ASSESSMENT AS FOLLOWS:

Elsie #1
 C SW SW Sec. 36-15-2W
 Saline
 3638' \$118.24

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

- X_____ Well Plugging Record (CP-4)
 X_____ Well Log
 X_____ 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.

Mr. Gib Toman Box 180 Holyrood Ks. 67450
 Administrator

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