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

WELL PLUGGING APPLICATION FORM File One Copy

	Address Box 569, Salina, Kans.
(Applicant) Lease (Farm Name) Burmeister	Well No. 2
Well Location KXARXXXXX Se	ec. 3 Twp. 16S Rge. 3W (E)-(W)
County Saline F	ield Name (if any) Olsson
3378 th key	oil <u>X</u> Gas Dry Hole
Was well log filed with application?	. If not, explain:
Date and hour plugging is desired to begin_	approx 6/18
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 excep-	
tions: Explain fully any exceptions desired.	
(Use an additional sheet if necessary)	
Name of the person on the lease in charge o	f well for owner Tom Brown
Addre	ss <u>Lindsborg, Kans</u>
Name of Plugging Contractor	
Address	Great Bend. Kans.
Invoice covering assessment for plugging th	
J. E. Spaeth- Operator Addres	Box 569, Salina, Kans.
and payment will be guaranteed by applicant	
PLUGGING 15 SCO 6-5-53 PAGE 10 G THE TION DIVISION THE SEC 2 TOM DIVISION	Applicant or Acting Agent Date 2/53
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15-169-00916-00-00



STATE OF KANSAS

STATE CORPORATION COMMISSION

CONSERVATION DIVISION 800 BITTING BUILDING WICHITA, KANSAS

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Well No. C Lease County County File No. County

J. T. Arath Tropic of Arath, Krann

Charles Camb

This letter is your authority to plug the above subject well, in accordance with the Rules and Regulations of the State Corporation Commission. When you are ready to plug this well, please contact our District Plugging Supervisor, Mr. 1977,

STATE CORPORATION COMMISSION CONSERVATION DIVISION

J. P. ROBERTS

cc: District Plugging Supervisor