

WELL PLUGGING APPLICATION FORM
FILE ONE COPY

API NUMBER 15-077-21,082 0000 (OF THIS WELL) #5673 Exp. 6/85
(THIS MUST BE LISTED, IF NO API# AVAILABLE PLEASE NOTE DRILLING COMPLETION DATE.)

LEASE OWNER W.L. KIRKMAN, INC.

ADDRESS P.O. BOX 18611, WICHITA, KS. 67218

LEASE (FARM NAME) PARSONS WELL NO. #1-11

WELL LOCATION C NW/4 NW/4 SEC. 11 TWP. 32S RGE. 7W (~~EAST~~) (WEST)

COUNTY HARPER TOTAL DEPTH _____ FIELD NAME _____

OIL WELL: _____ GAS WELL _____ INPUT WELL _____ SHO WELL _____ D&A _____ DRY HOLE _____

WELL LOG ATTACHED WITH THIS APPLICATION AS REQUIRED? LOG IS ATTACHED
(IF NOT STATE REASON WHY)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN _____

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:

STAN MARCOTTE ADDRESS _____

PLUGGING CONTRACTOR SUN CEMENTING LICENSE NO. _____

ADDRESS _____

INVOICE COVERING ASSESSMENT FOR PLUGGING THIS WELL SHOULD BE SENT TO:

NAME W.L. KIRKMAN, INC.

ADDRESS P.O. BOX 18611, WICHITA, KS. 67218

AND PAYMENT WILL BE GUARANTEED BY APPLICANT OF ACTING AGENT.

SIGNED: [Signature]
APPLICANT
WAYNE L. KIRKMAN
PRESIDENT
3-28-85