STATE OF KANSAS STATE CORPORATION COMMISSION CONSERVATION DIVISION 245 North Water WICHITA, KANSAS 67202

WELL PLUGGING APPLICATION FORM File One Copy

ADT Number 15 - 07/	-20290 (of this well)	
	/	
Lease Owner MID AMER	RICA CONTRACTORS, INC.	
Address P. O. BOX 23	3, STILLWATER, OKLAHOMA	74076
Lease (Farm Name) Gre	eeley Land Co. #1	Well No. #1
	Sec. 31 Twp. 1	
CountyGreeley	Total Depth 53	00 Field Name
Oil Well Gas Well_	Input WellSWD Well	Rotary D & A Yes
Well Log attached with t	his application as required	Yes
Date and hour plugging i	s desired to begin 5/08/83	8:30 a.m.
•		
Name of company represen	tative authorized to be in char	ge of plugging operations:
	Address	
Plugging Contractor	CHEYENNE DRILLING, INC.	License No.
Plugging Contractor	Address	License No.
Plugging Contractor Address Invoice covering assessment	Address CHEYENNE DRILLING INC. 515 R.H. Garvey Building Wichita, Kansas 67202	License No.
Plugging Contractor Address Invoice covering assessment Name MID AMERICA CO	Address CHEYENNE DRILLING, INC. 515 R.H. Garvey Building Wichita, Kansas 67202 ent for plugging this well should ONTRACTORS, INC.	License No.
Plugging Contractor Address Invoice covering assessme Name MID AMERICA CO Address P. O. BOX 23	Address CHEYENNE DRILLING INC. 515 R.H. Garvey Building Wichita, Kansas 67202 ent for plugging this well should ONTRACTORS, INC. STILLWATER, OKLAHOMA, 74	License No.
Plugging Contractor Address Invoice covering assessment Name MID AMERICA CO Address P. O. BOX 23 and payment will be guars STATE CORPORATION O	Address CHEYENNE DRILLING INC. 515 R.H. Garvey Building Wichita, Kansas 67202 ent for plugging this well should ONTRACTORS, INC. S. STILLWATER, OKLAHOMA, 74 anteed by applicant or acting age COMMISSION Signed:	License No.
Plugging Contractor Address Invoice covering assessment NameMID_AMERICA_CO AddressP. O. BOX_23	Address CHEYENNE DRILLING. INC. 515 R.H. Garvey Building Wichita, Kansas 67202 ent for plugging this well should ONTRACTORS, INC. S. STILLWATER, OKLAHOMA, 74 anteed by applicant or acting age COMMISSION Signed:	License No.