

#1

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
CONSERVATION DIVISION  
200 Colorado Derby Building  
Wichita, Kansas 67202

Rev. 12/14/82  
FORM CP-1

WELL PLUGGING APPLICATION FORM  
File One Copy

API NUMBER 15-007-21-312-0000 (of this well)  
(This must be listed; if no API# was issued, please note drilling completion date.)

LEASE OPERATOR P. T. I. OPERATORS LICENSE NO. 5893

ADDRESS 4005 E. Kellogg, Wichita, KS 67218 PHONE # ( )

LEASE (FARM NAME) Larkin WELL NO. R2

WELL LOCATION S/E 1/4 330FNL 990 FW SEC. 14 TWP. 32 RGE. 15 ~~(E)~~ or (W)

COUNTY Barber TOTAL DEPTH 5127 FIELD NAME \_\_\_\_\_

check one:

OIL WELL \_\_\_\_\_ GAS WELL \_\_\_\_\_ INPUT WELL \_\_\_\_\_ SWD WELL \_\_\_\_\_ D&A \_\_\_\_\_

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? \_\_\_\_\_ IS ACO-1 FILED? \_\_\_\_\_  
(If not, explain)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN 2/20/84 3/1

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:

\_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE # ( ) \_\_\_\_\_

PLUGGING CONTRACTOR Clarke Corp. LICENSE NO. 5105

ADDRESS Medicine Lodge, Kansas 67104 PHONE # (316) 886-5665

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

NAME Clarke Corp

ADDRESS Box 189, Medicine Lodge, KS 67104 PHONE # (316) 886-5665

AND PAYMENT WILL BE GUARANTEED BY APPLICANT OR ACTING AGENT.

SIGNED: *Edmund J. Meger*  
(Applicant or Acting Agent)

DATE: 3-14-84