

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 15-007-21-552-0000 (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. 14-1

WELL LOCATION 660 FSL 660 FEL SE 1/4 SEC. 14 TWP. 325 RGE. 15 ( or (W))

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

check one:

OIL WELL  GAS WELL \_\_\_\_\_ INPUT WELL 5226 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 2/15/84 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:

Rick Singleton ADDRESS Medicine Lodge, Kansas

PHONE # ( )

PLUGGING CONTRACTOR Clarke Corp. LICENSE NO. 5105


ADDRESS Box 189, Medicine Lodge, KS 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:   
(Applicant or Acting Agent)

DATE: 2-14-1984