

WELL PLUGGING APPLICATION FORM  
FILE ONE COPY

API NUMBER 15-007-21,832-0000 (OF THIS WELL)  
(THIS MUST BE LISTED, IF NO API# AVAILABLE PLEASE NOTE DRILLING COMPLETION DATE.)

LEASE OWNER W.L. KIRKMAN, INC.

ADDRESS BOX 18611, WICHITA, KANSAS 67207

LEASE (FARM NAME) NITTLER WELL NO. #1

WELL LOCATION SW SW NE SEC. 4 TWP. 31S RGE. 14W (EAST) (WEST)

COUNTY BARBER COUNTY TOTAL DEPTH \_\_\_\_\_ FIELD NAME \_\_\_\_\_

OIL WELL \_\_\_\_\_ GAS WELL \_\_\_\_\_ INPUT WELL \_\_\_\_\_ STD 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 12:45 P.M. 6-11-84

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:

CLYDE WILEY ADDRESS LAKIN, KANSAS

PLUGGING CONTRACTOR SUN CEMENTING LICENSE NO. \_\_\_\_\_

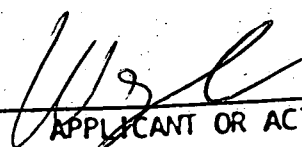
ADDRESS \_\_\_\_\_

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

NAME W.L. KIRKMAN, INC.

ADDRESS BOX 18611, WICHITA, KANSAS 67207

AND PAYMENT WILL BE GUARANTEED BY APPLICANT OF ACTING AGENT.

SIGNED:   
APPLICANT OR ACTING AGENT

DATE: JUNE 12, 1984

RECEIVED  
STATE CORPORATION COMMISSION  
6-14-84  
JUN 14 1984  
CONSERVATION DIVISION  
Wichita, Kansas