

WELL PLUGGING APPLICATION FORM  
FILE ONE COPY

CPI

API NUMBER 15-007-21931-00-00 (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) RIEPE WELL NO. #1-11

WELL LOCATION NE NW NE SEC. 11 TWP. 31S RGE. 15W (EAST) (WEST)

COUNTY BARBER 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 10:30 P.M. 10-5-84

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:

STEVE DURRANT ADDRESS DODGE CITY, KS.

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

ADDRESS MEDICINE LODGE, KANSAS STATE CORPORATION COMMISSION

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

NAME W.L. KIRKMAN, INC.

ADDRESS BOX 18611, WICHITA, KANSAS 67207

OCT 10 1984  
10-10-84  
CONSERVATION DIVISION  
Wichita, Kansas

AND PAYMENT WILL BE GUARANTEED BY APPLICANT OF ACTING AGENT.

SIGNED: [Signature] WAYNE L. KIRKMAN  
APPLICANT OR ACTING AGENT PRESIDENT

DATE: \_\_\_\_\_  
OCTOBER 9, 1984