15-033-10004-00-00

WELL PLUGGING APPLICATION FORM
File One Copy

Lease Owner ___Barbara Oil Company___ Address ___322 Central Building, Wichita___ 2, Kans.
(Applicant)

Lease (Farm Name) ___A.H. Kaminska___ Well No. 1

Well Location ___CSW/4___ Sec. 24 Twp. 31 Rge. 16 (E)-(W)

County ___Comanche___ Field Name (if any) _____

Total Depth ___5402___ Oil ___ Gas ___ Dry Hole D&A

Was well log filed with application? _No_ If not, explain: Have not yet received

from drilling contractor.

Date and hour plugging is desired to begin ___August 31, 1953___

Plugging of the well will be done in accordance with the Rules and Regulations

of the State Corporation Commission.

Name of the person on the lease in charge of well for owner ___R.F. Rodgers___

Address ___Medicine Lodge, Kansas___

Plugging Contractor ___Jayhawk Casing Pulling Company, Russell, Kansas___

Plugging Contractor's License No. ___Permit #19___

Address _____

Invoice covering assessment for plugging this well should be sent to _____

___Barbara Oil Company___ Address ___322 Central Building, Wichita 2, Kansas___
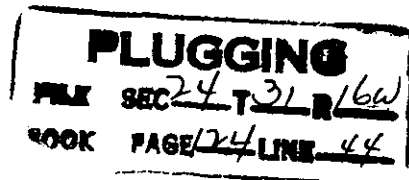
and payment will be guaranteed by applicant.

_____
Applicant or Acting Agent

Date ___August 26, 1953___

PLUGGING
FILE SEC 24 T 31 R 16W
BOOK PAGE 24 LINE 44

August 27, 1952

Well No.	1
Lease	A. H. Kaminska
Description	C&W/4 24-31-1GW
County	Comanche
File No.	124-44

The Barbara Oil Co.
322 Central Building
Wichita, Kansas.

Gentlemen:

This letter is your authority to plug the above subject
well, in accordance with the Rules and Regulations of the
State Corporation Commission. When you are ready to plug
this well, please contact our District Plugging Supervisor,
Mr. H. A. Rives, Box 148, Pratt, Kansas.

STATE CORPORATION COMMISSION
CONSERVATION DIVISION

BY: *J. P. Roberts*
J. P. ROBERTS

cc: District Plugging Supervisor