Rev. 6-3-74 FORM CP-1

STATE OF KANSAS STATE CORPORATION COMMISSION CONSERVATION DIVISION P. O. BOX 17027

STATE CORPORATION DIVISION WICHITA, KANSAS 67217

WELL PLUGGING APPLICATION FORM

File One Copy

CONSERVATION DIVISION File One Copy

	COMSERANTES, W	211500			
API Number	v ·	(4-00-00	(of this well))	
Lease Owner	Clarke Corpo	ration		<u> </u>	· ·
Address	Box 187, Med	icine Lodge, K	ansas 67104		
Lease (Farm Na	me) Carlis	s		Well No.	1
Well Location	C SE	Sec	. 1 Twp. 3	3 Rge. 16W (E)	(W)
County Come	anche	Tota	l Depth 48	32 Field N	ame
Oil Well	Gas Well X	Input Well	SWD Well	Rotary D & A_	
Well Log attac	hed with this	application as	s required	Yes	
Date and hour p PLUGGING OF TH REGULATIONS OF	IS WELL WILL E	BE DONE IN ACC	ORDANCE WITH K	9-6-77 K.S.A. 55-128 OF	THE RULES AND
Name of company	y representati	ve authorized	to be in char	ge of plugging o	erations:
Elmo R. Mo	orgenstern		Address	Medicine Lodg	e, Kan. 67104
Plugging Contra	actor	Clarke Corpo	ration	License	No. 583
Address	i	Box 187, Med	icine Lodge, I	Kansas 67104	
,	ng assessment	for plugging 1		uld be sent to:	
Address I	Carlo Carlo	***	sas 67104		
and payment wi	ll be guarante	eed by applicar	nt or acting a	gent.	\mathcal{D}

Signed:

Applicant of Acting Agent

Date: 9-2-1917



State Corporation Commission

CONSERVATION DIVISION

(Oil, Gas and Water)
245 North Water
WICHITA, KANSAS 67202

September 6, 1977

WELL PLUGGING AUTHORITY

Well No.
Lease
Description
County
Total Depth
Plugging Contractor

Carliss C SE Sec. 1-33-16W Comanche 4832

Clarke Corporation

Clarke Corporation
Box 187
Medicine Lodge, Kansas 67104

Gentlemen:

This is your authority to plug the above subject well in accordance with the Rules and Regulations of the State Corporation Commission.

This authority is void after 90 days from the above date.

Yours very truly,

J/Lewis Brock, Administrator

Mr. William T. Owen, P.O. Box 369, Pratt, Kansas 67124 is hereby assigned to supervise the plugging of the above named well.