Notary Public.

STATE OF KANSAS STATE CORPORATION COMMISSION	Form CP-4					orm CP-4
Give All Information Completely Make Reguired Affidavit	WELL PLUGGING RECORD					
Mail or Deliver Report to:	_	***		COMIC A	LCOM	
Conservation Division State Corporation Commission	D	1/-			d-	1741
212 No. Market Wichita, Kansas		att	Count	ty. Sec. 7 7	wp. Rge.	$(E)_{-}(W_i)$
NORTH	Location as "NE/CNWKSWK" or footage from lines 30 from E. Line -330 from D. Line					
	Leaso Owner 6. Buckford					
1 1 1	Office Address 144 71. Westfield - Wichita Kansas Well No.					
1 ! ! ! !						
	Character of Well (completed as Oil, Cas or Dry Hole) Rework					
1 i i i	Date well completed 19					
	Application for plugging filed Dec. 6 1966					
<u> </u>	Application for plugging approved. Dac. 6					
	Plugging commenced Nov. 30 19.66					
1 i i	Plugging completed 2000, 30 19 Reason for abandonment of well or producing formation 2000					
<u> </u>						
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	Tf a producine	well is abandon	od doto of h		of Parlusti	· 19
780						
Locate well correctly on above	menced?		the Conserv	ation Division	or its agents ber	ore plugging was com-
Section Plat	. /	7		ARC	hie Pli	ina
Name of Conservation Agent who superv	vised plugging of	nis well 3	800 -	3000		
				m 20 000	Total Depth of	Well O Soo Fee
Show depth and thickness of all water, o	oil and gas formation	ons. 1201- The	rown			•
OIL, GAS OR WATER RECORDS		•				CASING RECORD
0.23, 0.30			1	7=	1	
FORMATION	CONTENT	FROM	то	SIZE	PUT IN	PULLED OUT
Hansas City Line :		3600	<u> </u>	3800	3800	3600
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Fumped full of 4	to sacks	of Drill	ing Mi	ud + 80	Jacks (8	ment
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			12-	17-66	-	· · · · · · · · · · · · · · · · · · ·
	<u> </u>		NSERVATIO	MOISING NO		
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	-					
	CTA - ATAINS	al description is neces	enum was BAC	V of this shoot		
Name of Plugging Contractor Ilen	M/ Es Drui	th tipe t	ullin	Losupan	w.	
# 151 T	2000			8	8	
Address Ellinivood Tan						
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STATE OF Kansas		OUNTY OF	down	cek	_, SS.	
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well, being first duly sworn on oath, sa	ve. That I have !					
above-described well as filed and that						HOW DIEG THE TOR OF THE
acove-described well as med sud that	me eame are mue		אר איינייי	Z/5.	Ktor	
		(Signature)	/6/		1) "14	
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