STATE CARPORATION COMMISSION

ONe XA Commation Completely

Make Required. Affidavit

Mail or Deliver Report to:

Conservation Division
State Corporation Commission
211 No. Broadway
Wichita, Kansas

WELL PLUGGING RECORD

State Corporation Commission 211 No. Broadway Wichita, Kansas	Mea	de	Count	v. Sec	32 Twp. 33 Rgo	29	E)(W)	
, NORTH	Location as "NE K	CNW#SW#"		m lines	C NE SW			
			5 60.					
	Office Address	Lease Name Adams Well No. 1 Office Address Box 107 Liberal Kansas						
	Character of Well (completed as Oil, Gas or Dry Hole) Dry hole							
	Date well comple	Date well completed August 7,1960 19						
		Application for plugging filed August 8,1960 19 Application for plugging approved August 7,1960 19						
	Application for pl Plugging commen			18t <u>7</u> ,1 18t 7,1	<u> 960 </u>		19	
1 -0-	Plugging complet	ted					19 19	
	Reason for aband							
	If a producing w				on or its agents be	<u> </u>	19	
Locate well correctly on above Section Plat	menced? Y	es	me Conserv	anon Divisi	on or its agents be	tore plugg:	ing was com-	
Name of Conservation Agent who sup-	ervised plugging of this	well <u>F</u>	ldon Pe	tty				
Producing formation	De	pth to top	Bottom	1	Total Depth o	f Well_5	985 Feet	
Show depth and thickness of all water	, oil and gas formations.	•						
OIL, GAS OR WATER RECOR	OS	N	one_			CASING	RECORD	
FORMATION	CONTENT	FROM	TO	SIZE	PUT IN	PUL	LED DUT	
	 							
				<u> </u>				
						 		
								
		,			STATE CORPORATE			
					AUG 1	9 1960		
25 sacks at 15 20 sacks at 42	20'	ONSERVATION DIVISION						
10 sacks from	35' to surfa	SI to curre on wichita						
			STATE GORP	0~		····		
			-URP	OP SI				
			Alia	- " (N) 57E	5.D			
		— -	ONSER	15100	- 10 ON		<u>-</u>	
			WICKATI	10 m)			
			-ilia, i	CA DAVSI	~			
			ONSERVATI Wichita,		JN		- 	
			·					
								
		escription is neces	sary, use BACK	of this sheet)				
Name of Plugging Contractor	Company Box 107		V					
Address	BOX_TO/	Liberal	, Nansa					
STATE OF Kansas		1	/	l				
75 6	, COUN 	TY OF	evari		, ss.			
well, being first duly sworn on oath,		wledge of the	empioyee or c facts, stateme	owner) or (owner or operator) atters herein conta	ined and t	ove-described he log of the	
above-described well as filed and that	t the same are true and	correct. So h	ch me God.		2 ×	 1		
	(;	Signature)	Hope	lou	daud	w		
	·		Pat 10	7 8	uberal, 15	· ·	-	
	10	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			(Address)			
SUBSCRIBED AND SWORN TO before	re me this/ \(\times_	day of_	Mojn	<u>al</u>	, 19	60		
, , , , , , , , , , , , , , , , , , , ,				Gela L	D. Hert			
My commission expires 12-18	'-63		ĺ			Not	tary Public.	