Rev. 12-11-80 FORM CP-1

STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 DERBY BLDG,
WICHITA, KANSAS 67202

RECEIVED STATE CORPORATION COMMISSION

SEP 30 1981

WELL PLUGGING APPLICATION FORM FILE ONE COPY

CONSERVATION DIVISION Wichita, Kansas

9-30-1981

e.	
API NUMBER 15-097-20,806-000 (THIS MUST BE LISTED, IF NO API# AVAILAB	(OF THIS WELL) BLE PLEASE NOTE DRILLING COMPLETION DATE,)
LEASE OWNER Midco Exploration	•
ADDRESS Wichita, KS 411 Farmers & Banke	ers Bldg.
LEASE (FARM NAME) Birney	WELL NO. #1
	SEC16 TWP29 RGE20 (EAST) (WEST)
COUNTY Kiowa	TOTAL DEPTH FIELD NAME
OIL WELL GAS WELL INPUT WELL	SWD WELL D&A9/23/81
WELL LOG ATTACHED WITH THIS APPLICATION AS	S REQUIRED? No - No Log Left Here
DATE AND HOUR PLUGGING IS DESIRED TO BEGIN	N 9-23-81 5:00 p.m. Plug Down 7:30 p.m. 9/23/8
DECIDATIONS OF THE STATE CORPORATION COMMI	ORDANCE WITH K.S.A. 55-128 OF THE RULES AND
REGULATIONS OF THE STATE CORPORATION COMMISSION : NAME OF COMPANY REPRESENTATIVE AUTHORIZED Mike Tharp	ISSION TO BE IN CHARGE OF PLUGGING OPERATIONS:
: NAME OF COMPANY REPRESENTATIVE AUTHORIZED Mike Tharp	ISSION TO BE IN CHARGE OF PLUGGING OPERATIONS: ADDRESSMedicine Lodge, Kansas
NAME OF COMPANY REPRESENTATIVE AUTHORIZED Mike Tharp PLUGGING CONTRACTOR Allied Cementing (Gr	ISSION TO BE IN CHARGE OF PLUGGING OPERATIONS:
NAME OF COMPANY REPRESENTATIVE AUTHORIZED Mike Tharp PLUGGING CONTRACTOR Allied Cementing (Gr ADDRESS Great Bend, Kansas INVOICE COVERING ASSESSMENT FOR PLUGGING	TO BE IN CHARGE OF PLUGGING OPERATIONS: ADDRESSMedicine Lodge, Kansas cead Bend)LICENSE NO THIS WELL SHOULD BE SENT TO:
NAME OF COMPANY REPRESENTATIVE AUTHORIZED Mike Tharp PLUGGING CONTRACTOR Allied Cementing (Gr ADDRESS Great Bend, Kansas INVOICE COVERING ASSESSMENT FOR PLUGGING NAME Midco Exploration, Inc./ Plugger	TO BE IN CHARGE OF PLUGGING OPERATIONS: ADDRESSMedicine Lodge, Kansas cead Bend)LICENSE NO THIS WELL SHOULD BE SENT TO:
NAME OF COMPANY REPRESENTATIVE AUTHORIZED Mike Tharp PLUGGING CONTRACTOR Allied Cementing (Gr ADDRESS Great Bend, Kansas INVOICE COVERING ASSESSMENT FOR PLUGGING	TO BE IN CHARGE OF PLUGGING OPERATIONS: ADDRESSMedicine Lodge, Kansas cead Bend) LICENSE NO THIS WELL SHOULD BE SENT TO: Paul Luthi

INVOICE and WELL PLUGGING AUTHORITY

**

STATE CORPORATION COMMISSION CONSERVATION DIVISION 200 Colorado, Derby Bldg. Wichita, Kansas 67202

No	vember 5, 1981		<u>. </u>		Invo	ICE NUMBE	R: 8269-W
TO: Mi	dco Exploration	ns Inc.					
-20	l FArmers and D O East 1st Chita, Kansas	Bankers Bld	g		·aYAB	LE UF	ONTOE
PLUGGING A	SSESSMENT	AS FOLLO	WS:	٠			•
C K	iney #1 NE NW Sec. 16-2 lowa 250'	29S-20W	\$170.6	3			
NOTE: We also	need the following	before our fil	e is compl	eted:		•	
	Well Plugging Red Well Log Well Plugging Ap		1)				
WELL PLUG	GING AUTHO	RITY					
Gentlemen: This is your author corporation comm	ority to plug the abo	ove subject we	ll in accord	lànce w	vith the rules	and regula	ations of the state
This authority is	void after ninety (9	90) days from	the above	date.		Josh	4
	-		For Adm	inistrato	r		1.
M	R. PAul Luthi	Box 495 M	inneola,	Ks.	67112	•	