

WELL PLUGGING APPLICATION FORM  
FILE ONE COPY

API NUMBER JULY 30, 1985 (OF THIS WELL)  
(THIS MUST BE LISTED, IF NO API# AVAILABLE PLEASE NOTE DRILLING COMPLETION DATE.)

LEASE OWNER W.L. KIRKMAN, INC.

ADDRESS P.O. BOX 18611, WICHITA, KS. 67218

LEASE (FARM NAME) BLASI WELL NO. #1

WELL LOCATION N/2 NW NW, SEC. 1 TWP. 29S RGE. 11W (EAST) (WEST)

COUNTY PRATT TOTAL DEPTH \_\_\_\_\_ FIELD NAME \_\_\_\_\_

OIL WELL: \_\_\_\_\_ GAS WELL \_\_\_\_\_ INPUT WELL \_\_\_\_\_ SWD WELL \_\_\_\_\_ D&A \_\_\_\_\_ DRY HOLE \_\_\_\_\_

WELL LOG ATTACHED WITH THIS APPLICATION AS REQUIRED? LOG IS ATTACHED  
(IF NOT STATE REASON WHY)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN 9:00 A.M. 7-26-85

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-128 OF THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION

NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

DAN GOODROE ADDRESS \_\_\_\_\_

PLUGGING CONTRACTOR B.J. TITTAN LICENSE NO. \_\_\_\_\_

ADDRESS MEDICINE LODGE, KANSAS

INVOICE COVERING ASSESSMENT FOR PLUGGING THIS WELL SHOULD BE SENT TO:

NAME W.L. KIRKMAN, INC.

ADDRESS SAME AS ABOVE

NO PAYMENT WILL BE GUARANTEED BY APPLICANT OF ACTING AGENT.

RECEIVED  
STATE CORPORATION COMMISSION

WAYNE L. KIRKMAN  
PRESIDENT  
JULY 30, 1985

7-31-85 JUL 31 1985 SIGNED: \_\_\_\_\_

APPLICANT