STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
245 North Water
WICHITA, KANSAS 67202

Rev. 6-3-74
FORM CP-1

WELL PLUGGING APPLICATION FORM
File One Copy

API Number ___15 - 155 - 20755-0000___ (of this well)

Lease Owner ___Raymond Oil Company___

Address ___One Main Place, Suite 900   Wichita, Kansas 67202___

Lease (Farm Name) ___Koontz___ Well No. ___1___

Well Location ___SW SE SW___ Sec. ___3___ Twp. ___26S___ Rge. _____ (E) ___4W___ (W) _____

County ___Reno___ Total Depth ___3365___ Field Name _____

Oil Well _____ Gas Well _____ Input Well _____ SWD Well _____ Rotary D & A ___X___

Well Log attached with this application as required ___yes___

Date and hour plugging is desired to begin ___10:00 a.m. 5-18-81___

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:

___Harlan Yoesel___ Address ___723 Meadowlark Place___

Plugging Contractor ___United Cementing Co.___ Derby, Kansas License No. _____

Address ___ElDorado, Kansas___

Invoice covering assessment for plugging this well should be sent to:

Name ___Raymond Oil Company___

Address ___One Main Place, Suite 900   Wichita, Kansas 67202___

and payment will be guaranteed by applicant or acting agent.

Signed: _____
Applicant or Acting Agent

Date: ___6-1-81___

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

INVOICE and WELL PLUGGING AUTHORITY

June 23, 1981

INVOICE NUMBER: 5660-W

TO: Raymond Oil Company
One Main Pl., Ste. 900
Wichita, KS., 67202

PLUGGING ASSESSMENT AS FOLLOWS:

15-155-20755-0000

Koontz #1
100' E/C SW SE SW, Sec. 3-26S-4W
Reno $109.36
Brandt Drilling Co. & United Cementing Co.
3365'

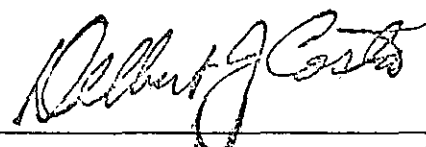NOTE: We also need the following before our file is completed:

_____ Well Plugging Record (CP-4)
_____ Well Log
_____ Well Plugging Application (CP-1)

WELL PLUGGING AUTHORITY

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 ninety (90) days from the above date.

PAYABLE UPON

_____
For Administrator

Mr. Gilbert Toman, P.O. Box 180, Holyrood, KS, 67450

is hereby assigned to supervise the plugging of the above mentioned well.