

WELL PLUGGING APPLICATION FORM  
FILE ONE COPY

API NUMBER 6-5-84 15-151-21437-0000 (OF THIS WELL)  
(THIS MUST BE LISTED, IF NO API# AVAILABLE PLEASE NOTE DRILLING COMPLETION DATE.)

LEASE OWNER RAYMOND OIL COMPANY, INC.

ADDRESS ONE MAIN PLACE SUITE 900, WICHITA, KS. 67202

LEASE (FARM NAME) NEELY WELL NO. #1

WELL LOCATION NW/4 SEC. 3 TWP. 26 RGE. 15 (EAST) (WEST)

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

OIL WELL \_\_\_\_\_ GAS WELL \_\_\_\_\_ INPUT WELL \_\_\_\_\_ SHD WELL \_\_\_\_\_ D&A \_\_\_\_\_ DRY HOLE \_\_\_\_\_

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

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN 9:00 A.M. 6-5-84

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:  
SUN CEMENTING STEVE DURRANT ADDRESS MEDICINE LODGE, KANSAS

PLUGGING CONTRACTOR SUN CEMENTING LICENSE NO. \_\_\_\_\_

ADDRESS MEDICINE LODGE, KANSAS

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

NAME RAYMOND OIL COMPANY, INC.

ADDRESS ONE MAIN PLACE, SUITE 900, WICHITA, KS. 67202

RECEIVED  
STATE CORPORATION COMMISSION  
JUN 11 1984  
CONSERVATION DIVISION  
Wichita, Kansas

AND PAYMENT WILL BE GUARANTEED BY APPLICANT OF ACTING AGENT.

SIGNED: [Signature] WAYNE L. KIRKMAN  
PRESIDENT  
APPLICANT OR ACTING AGENT

DATE: JUNE 8, 1984