

WELL PLUGGING APPLICATION FORM
FILE ONE COPY

API NUMBER FEBRUARY 24, 1986 (OF THIS WELL)
(THIS MUST BE LISTED, IF NO API# AVAILABLE PLEASE NOTE DRILLING COMPLETION DATE.)

LEASE OWNER RAYMOND OIL COMPANY

ADDRESS P.O. BOX 48788, WICHITA, KANSAS 67201

LEASE (FARM NAME) HOGARD WELL NO. 1-A

WELL LOCATION SW NE SW SEC. 10 TWP. 29S RGE. 15W (EAST) (WEST)

COUNTY PRATT TOTAL DEPTH 4850 FIELD NAME _____

OIL WELL: GAS WELL INPUT WELL SWD WELL D&A XX

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

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN 3:15 P.M. 2-24-86

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:

PAUL LUTHI ADDRESS DODGE CITY, KANSAS

PLUGGING CONTRACTOR B-J CEMENTING LICENSE NO. _____

ADDRESS MEDICINE LODGE, KANSAS

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

NAME RAYMOND OIL CO.

ADDRESS SAME AS ABOVE

2-27-86

AND PAYMENT WILL BE GUARANTEED BY APPLICANT OF ACTING AGENT.

SIGNED: [Signature]
APPLICANT
WAYNE L. KIRKMAN
PRESIDENT
FEBRUARY 26, 1986
STATE CORPORATION COMMISSION

DATE: _____
CONSERVATION DIVISION