

WELL PLUGGING APPLICATION FORM
FILE ONE COPY

15-095-21473-0000

API NUMBER _____ DATE COMPLETED 7-28-84 (OF THIS WELL)
(THIS MUST BE LISTED, IF NO API# AVAILABLE PLEASE NOTE DRILLING COMPLETION DATE.)

LEASE OWNER MTM Petroleum

ADDRESS BOX 82, SPIVEY, KANSAS 67142

LEASE (FARM NAME) SCHRAG WELL NO. #2

WELL LOCATION NE/4 SEC. 24 TWP. 27S RGE. 6W (EAST) (WEST)

COUNTY KINGMAN 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 1:15 P.M. 7-28-84

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:

GILBERT TOMAN ADDRESS KCC OFFICE, WICHITA, KS.

PLUGGING CONTRACTOR ALLIED CEMENTING CO. LICENSE NO. _____

ADDRESS GREAT BEND, KANSAS 67530

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

NAME MTM PETROLEUM

ADDRESS BOX 82, SPIVEY, KANSAS 67142

AND PAYMENT WILL BE GUARANTEED BY APPLICANT OR ACTING AGENT.

RECEIVED
STATE CORPORATION COMMISSION
SIGNED: _____

AUG 02 1984

CONSERVATION DIVISION
Wichita, Kansas

WAYNE L. KIRKMAN
PRESIDENT

APPLICANT OR ACTING AGENT

AUGUST 1, 1984

DATE: _____