

15-055-19026-0600

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
CONSERVATION DIVISION  
500 INSURANCE BUILDING  
212 NORTH MARKET  
WICHITA 2, KANSAS

FORM CP-1

FEB 14 1977

WELL PLUGGING APPLICATION FORM  
File One Copy

2-14-77

Lease Owner W. L. HARTMAN

Address P. O. Box 54, Wichita, Kansas 67202

Lease (Farm Name) DAMME Well No. 16

Well Location SE SW SE Sec. 21 Twp. 22 Rge. 33 (E)      (W) X

County Finney County, Kansas Field Name (If any) DAMME

Total Depth 1428 Oil Well      Gas Well      Input Well      SWD Well X D & A     

Was well log filed with application? X If not, explain:     

Date and hour plugging is desired to begin 2-15-77

Plugging of the well will be done in accordance with the Rules and Regulations of the State Corporation Commission.

Name of company representative in charge of plugging operations R. L. Schmidlapp

Address P. O. Box 54, Wichita, Kansas 67202

Plugging Contractor No casing to be recovered License No.     

Address     

Invoice covering assessment for plugging this well should be sent to W. L. Hartman

Address     

and payment will be guaranteed by applicant.

Signed: *R. L. Schmidlapp*  
Applicant or Acting Agent

Date: 2-11-77