

STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
300 BITTING BUILDING
WICHITA, KANSAS

W.P. Faulkner

WELL PLUGGING APPLICATION FORM

Well Location NE² SE¹/₄ Sec. 21 Twp. 21 Rge. _____ (E) _____ (W) 13

Field Name (if any) _____ County Stafford

Lease (Farm Name) Sipes Well No. ✓

Was well log filed with application? _____ If not, explain circumstances and give available data (Use an additional sheet if necessary) _____

Date and hour plugging is desired to begin _____

Plugging of the well will be done in accordance with the Rules and Regulations of the State Corporation Commission, or with the approval of the following exceptions: Explain fully any exceptions desired (Use an additional sheet if necessary) _____

Name of the person on the lease in charge of well for owner _____

Address _____

Name of well owner or Acting Agent _____

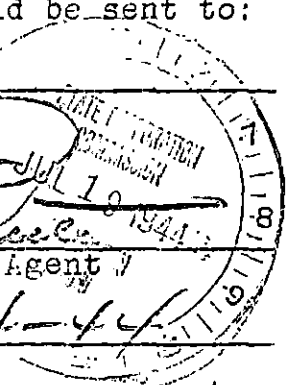
Address _____

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

and payment will be guaranteed by applicant.

Dry rotary
PLUGGING
FILE 21 21-13 date 7-14-44
LOG # 124 44

Operator or Acting Agent Edon P. [Signature]



7-19-44