FORM CP-1

STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
500 INSURANCE BUILDING
212 NORTH MARKET
WICHITA, KANSAS 67202

WELL PLUGGING APPLICATION FORM

File One Copy Lease Owner Address Well No. Lease (Farm Name) Sec. /2 Twp. 20 Rge. Well Location Field Name (If Any)__ County Oil Well Gas Well Input Well SWD Well D & A Well Log filed with application_ or Well Log filed with Plugging Supervisor ____ 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. Name of company representative in charge of plugging operations Address Plugging Contractor Invoice covering assessment for plagging this well should be sent to Address

and payment will be guaranteed by applicant.

Signed: Applicant or Acting Agent

Date:

10-21-67



ROBERT B. DOCKUN WILLIAM L. MITCHELL JAMES O. GREENLEAF DALE E. SAFFELS RAYMOND B. HARVEY E. EDWARD JOHNSON

Governor Chairman Commissioner Commissioner Secretary Gon. Counsal State Corporation Commission

CONSERVATION DIVISION

(Oil, Gas and Water)

500 Insurance Bldg. 212 N. Market

WICHITA, KANSAS 67202

October 23, 1967

WELL PLUGGING AUTHORITY

Well No.

Lease

Description County

Total Depth

Plugging Contractor

Lobell

C SW 12-20-2W

McPherson

2992

Art Lamb Casing Pulling

c/o Art Lamb Casing Pulling Co. 2809 King St. Hutchinson, Kansas 67501

Gentlemen:

Elmer Unruh

This is your authority to plug the above subject well in accordance with the Rules and Regulations of the State Corporation Commission.

This authority is void after 90 days from the above date,

Very truly yours.

Hugh Scott Box 924 McPherson, Kensas is hereby assigned to supervise the plugging of the above named well.