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 Lease (Farm Name) Well No. Twp. 2/ Rge. (E) (W) <u></u> Well Location Field Name (If Any) County Oil Well Gas Well Input Well SWD Well D & A Total Depth _ or Well Log filed with Plugging Supervisor____ Well Log filed with application 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 (Plugging Contractor License No. Address Invoice covering assessment for plugging this well should be sent to Address and payment will be guaranteed by applicant. Signed: Applicant or Acting Agent

Date:



State Corporation Commission

CONSERVATION DIVISION

500 Insurance Bldg.

July 8, 1970

(Oil, Gas and VIII)
Bidg.
WICHITA, KANSAS 67202
STATE CORPORATION COMMISSION CONSERVATION DIVISION
Wichita, Kansas JUL 22 1970

WELL PLUGGING AUTHORITY

Well No.

Lease

Description

Renollett SE SE NE 5-21-67

County

Art Lamb Casing Pulling

Total Depth

Rice

1

Plugging Contractor

3457

F. G. Holl 6427 E. Kellogg Wichita, Kansas 67207

Gentlemen:

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,

Mr. Gilbert Toman Box 180 Holyrood, Kansas is hereby assigned to supervise the plugging of the above named well.