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

WELL PLUGGING APPLICATION FORM File One Copy

FORM CP-1

CONSERVATION DIVISION

Wichita, Kansas

Lease Owner	Morris Sitrin, 1	Inc.		
Address	P.O. Box 693, Gre	eat Bend, Kans	as	
Lease (Farm Name)	M. Grow #			Well No. 1
Well Location SE	SE NW Sec.			12 (w)
County Stafford Field Name (If Any)				
				SWD WellD & A
Well Log filed with application yes or Well Log filed with Plugging Supervisor				
		· · · · · · · · · · · · · · · · · · ·		
<u> </u>				
Date and hour plugging is desired to begin 8:00 AM 7-16-1969				
Plugging of the wel	ll will be done in acco	ordance with the	Rules and Regulat	ions of the State
Corporation Commiss	sion.			
Name of company representative in charge of plugging operations Lee Roy Legleiter				
		Addre	ss P.O.Box 693,	Great Bend, Kansas
				•
	sessment for plugging		be sent to Mor	ris Sitrin, Inc.
	·	Address	P.O.5ox 693, G	reat Bend, Kansas
and payment will be	guaranteed by applica	ant.		
		Signed:	Lee Roy Lea	leiter,
			Appl/cant/o	r Acting Agent
		Date:	7-12-1969	



State Corporation Commission

CONSERVATION DIVISION
(Oil, Gas and Water)

500 Insurance Bldg.

212 N. Market

WICHITA, KANSAS 67202

July 14, 1969

WELL PLUGGING AUTHORITY

Well No.

1

Lease

M. Grow

Description

SE SE NW 14-21-12W

County

Stafford

Total Depth

3580

Plugging Contractor ?

3000

Norris Sitrin, Inc. P. O. Box 693 Great Bend, Kansas 67530

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,

J. Lewis Brock, Administrator

R. J. Warren Box 322 Pratt, Kansas

is hereby assigned to supervise the plugging of the above named well.