15-009-20525-00-00

STATE OF KANSAS   FORM CP-1
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
500 INSURANCE BUILDING
212 NORTH MARKET
WICHITA, KANSAS 67202

WELL PLUGGING APPLICATION FORM
File One Copy

Lease Owner _____ ISERN - WELLS _____

Address _____ Box 486, Ellinwood, Kansas 67526 _____

Lease (Farm Name) _____ ANTON STAUDINGER _____ Well No. __1__

Well Location __NW NE NW__ Sec. __17__ Twp. __16S__ Rge __12W__ (E) _____ (W) _____

County _____ Barton _____ Field Name (If Any) _____

Total Depth __3370__ Oil Well _____ Gas Well _____ Input Well _____ SWD Well _____ D & A __XX__

Well Log filed with application __yes__ or Well Log filed with Plugging Supervisor _____

_____

_____

Date and hour plugging is desired to begin __August 30, 1970__

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 __W. F. Banks__

Address __Box 486, Ellinwood, Kansas 67526__

Plugging Contractor _____ ISERN DRILLING COMPANY _____ License No. _____

Address _____ Box 486, Ellinwood, Kansas 67526 _____

Invoice covering assessment for plugging this well should be sent to __ISERN - WELLS__

Address __Box 486, Ellinwood, Kansas 67526__

and payment will be guaranteed by applicant.

Signed: _Jerry Kasselman_
                    Applicant or Acting Agent

Date: __August 30, 1970__

September 1, 1970

WELL PLUGGING AUTHORITY

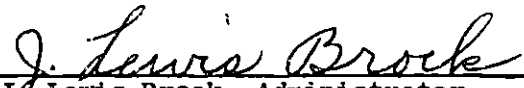|	
Well No.	1
Lease	Anton Staudinger
Description	NW NE NW of 17-16-12W
County	Barton
Total Depth	3370'
Plugging Contractor	Isern Drilling Company

Isern-Wells
Box 486
Ellinwood, Kansas 67526

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

Mr. Donald Truen, P. O. Box 149, Russell, Kansas
is hereby assigned to supervise the plugging of the above
named well.