STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
245 North Water
WICHITA, KANSAS 67202

Rev. 8-3-74
FORM CP-1

WELL PLUGGING APPLICATION FORM
File One Copy

API Number __15 -009-22314-00-00__ (of this well)

Lease Owner __Petro-Midwest Corporation__

Address __210 East 6th Street, South Hutchinson, KS 67505__

Lease (Farm Name) __Dolechek__   Well No. __1__

Well Location __NW NE NW__   Sec. __26__ Twp. __16S__ Rge. __12__ /(E)/ __(W) xx__

County __Barton__   Total Depth __3378'__   Field Name _____

Oil Well____ Gas Well____ Input Well____ SWD Well____ Rotary D & A __xx__

Well Log attached with this application as required __Yes__

Date and hour plugging is desired to begin __4-27-81   5:45 A.M.__

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-128 OF THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

Name of company representative authorized to be in charge of plugging operations:

__Don Favinger__   Address __P. O. Box 506, Russell, KS 67665__

Plugging Contractor __Emphasis Oil Operations__   License No. __750__

Address __P. O. Box 506, Russell, KS 67665__

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

Name __Petro-Midwest Corporation__   _4-30-81_

Address __210 East 6th Street, South Hutchinson, KS 67505__

and payment will be guaranteed by applicant or acting agent.

Signed: _____
Applicant or Acting Agent

Date: __4-27-81__

STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 Colorado, Derby Bldg.
Wichita, Kansas 67202

INVOICE and WELL PLUGGING AUTHORITY

May 29, 1981

INVOICE NUMBER: **5558-w**

TO: Petro-Midwest Corp
210 E. 6th St.
South Hutchinson, Ks. 67505

PLUGGING ASSESSMENT AS FOLLOWS:

Dolechek #1
NW NE NW, Sec.26-16S-12W
Barton $109.79
Emphasis Oil Operations & Allied Cementing

NOTE: We also need the following before our file is completed:

_____ Well Plugging Record (CP-4)
_____ Well Log
_____ Well Plugging Application (CP-1)

WELL PLUGGING AUTHORITY

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 ninety (90) days from the above date.

PAYABLE UPON RECEIPT

_____
For Administrator

Mr. Duane L. Rankin, kP.O. Box 967, Great Ben, K

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

RETURN PINK COPY WITH REMITTANCE