STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
211 NORTH BROADWAY
WICHITA, KANSAS 1-65-00938-00-00

WELL PLUGGING APPLICATION FORM
File One Copy

Frank Owner   John O. Farmer, Inc.         Address  Russell, Kansas
(Applicant)   (Farm Name)  GODDARD  Well No. 1

Well Location  NW NW SE  Sec. 20 Twp. 78  Rge. (E) (W) 24
       County  Graham  Field Name (if any)  ?
       Total Depth  3950  Oil  x  Gas  Dry Hole

Was well log filed with application?  yes  If not, explain:

Date and hour plugging is desired to begin  7/30/58
Plugging of the well will be done in accordance with the Rules and Regulations of
the State Corporation Commission.

Name of the person on the lease in charge of well for owner

                                 Wilburn Myars  Address  Lyons, Kansas
Plugging Contractor            West Supply Company
Plugging Contractor's License No.
Name of the person on the lease in charge of well for owner

                                 Address  Lyons, Kansas
Invoice covering assessment for plugging this well should be sent to

                                 John O. Farmer, Inc.  Address  Russell, Kansas
and payment will be guaranteed by applicant.

John O. Farmer
Applicant or Acting Agent
Date  7-28-58
John O. Farmer, Inc.
370 West Wichita Ave.
Russell, Kansas

Gentlemen:

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

Very truly yours,

[Signature]

Jewel M. Ogden
Director of Conservation Division

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

In the event you need any further information regarding this well feel free to write or call me at any time.

J. Lewis Brock
Western Kansas Field Supervisor
P. O. Box 569
Great Bend, Kansas
Phone: G1-33022
**OPERATOR**  Jones, Shelburne & Farmer, Inc.

**ADDRESS**  Russell, Kansas

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**COUNTY**  Graham, SEC. 20, TWP. 7, RGE. 24W

**COMPANY OPERATING**  Jones, Shelburne & Farmer, Inc.

**DATE OF FIRST PRODUCTION**  Completed

**WELL LOCATED**  NW 1/4, NE 1/4, SE 1/4, North of South Line and ft. East of West Line of Quarter Section.

**ELEVATION (Relative to sea level)**  Derrick floor 2462, ground 2464

**CHARACTER OF WELL**  (Oil, gas or dryhole)  Oil

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**OIL OR GAS SANDS OR ZONES**

<table>
<thead>
<tr>
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<th>From</th>
<th>To</th>
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<td></td>
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**PERFORATING RECORD IF ANY**

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<th>Formation</th>
<th>From</th>
<th>To</th>
<th>No. of Shots</th>
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**CASING RECORD**

|------|-----|-----------|-----|-----|-----|-----|------|--------|-----------|

| 8-5/8 | 100 |           |     |     |     |     | 195  |        |           |

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**CEMENTING AND MUDDING**

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<th>Size</th>
<th>Amount Set</th>
<th>Sacks Cement</th>
<th>Chemical</th>
<th>Method of Cementing</th>
<th>Amount</th>
<th>Mudding Method</th>
<th>Results (See Note)</th>
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<tr>
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<tr>
<td>1/2</td>
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**INITIAL PRODUCTION TEST**

**TOOL USED**

**ROARY TOOLS**

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**PLUGGING**

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**FORMATION RECORD**

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**ELEVATION: RB**  2469

**ELECTRIC LOG TOPS:**

- Topeka  3510
- Heebner  3390
- Toronto  3714
- Lansing  3731
- B/KC  3932
- T.D.  3950
- 5-1/2" set at 3950

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**FILE**  Sec. 20 T. 7 R. 24 W. 2d P. 1a L. 14

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**INITIAL INJECTION TEST**

Describe initial test: whether by flow through tubing or casing or by pumping.

Amount of Oil Production: __________ bbls. Size of choke, if any: __________ Length of test: __________ Water Production: __________ bbls. Gravity of oil: __________ Type of Pump & pump is used, describe: __________

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I, the undersigned, being first duly sworn upon oath, do hereby certify that this well record is true, correct and complete according to the records of this office and to the best of my knowledge and belief.

**President**  Name and title of representative of company

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**Subscribed and sworn to before me on the 8th day of July, 1957**

My Commission expires 10/11/58