

KANSAS
STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

2

TO:
Jewel M. Ogden, Director
500 Insurance Building
212 North Market
Wichita 2, Kansas

File No. _____ Location: NE 1/4 - NW 1/4 - NE 1/4
County: Wilson Sec. 29 Twp. 29 Rge. 17 (W) _____
Name of Field or Pool: PERD NONE Total Depth: 703

I have this date completed supervision of plugging of:

Well No. 1 Lease OSBORN
Operator's Full Name WHITE & ELLIS
Complete Address: BOX 445 ELDORADO KANSAS
Plugging Contractor: GLENN SHASER
Address: ALTAMONT KANSAS License No. 340
Abandoned Oil Well Gas Well _____ Input Well _____ SWD Well _____ D & A _____
If well is a rotary drilled dry hole did operators wait for you to arrive _____
If yes how long _____ Reason: _____

Operation Completed: Hour 3 PM Day 13 Month NOV Year 1958

The above well was plugged as follows:

5 SACKS CEMENT ON BOTTOM WITH DUMP BAILER
FRINGE AT 420" + 5 SACKS CEMENT
" " 130" " " " " "
MUD TO 10" + 2 " " " " TO 3" ft.
SOIL TO TOP.

I hereby certify that the above well was plugged as herein stated and that I was present while the above well was being plugged.

Signed: Ora O Reese
Well Plugging Supervisor

I hereby state that I was not present while the above well was being plugged, however, to the best of my knowledge and belief it was plugged as herein stated. A full account for my not being present is as follows:

Reviewed: [Signature]
Field Supervisor

Signed: _____
Well Plugging Supervisor

Remarks:

PLUGGING
FILE SEC. 29 T. 29 R. 17E
BOOK PAGE 115 LINE 22

RECEIVED
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NOV 17 1958

CONSERVATION DIVISION
Wichita, Kansas