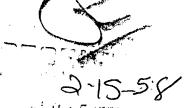
KANSAS STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

TO:

Jewel M. Ogden, Director

(165-00532-00-00



500 Insurance Building 212 North Market CLB 15 Wichita 2, Kansas File No. County: Prohom Sec. Rge. 22 Name of Field or Pool: Total Depth: 3890 I have this date completed supervision of plugging of: Operator's Full Name Complete Address: Box 97 GREAT BEND, KS Plugging Contractor: Address: License No. 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 of PM Day // Month FEB The above well was plugged as follows: 500 Bridged & plugged CEMENT 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: Prugging 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:

Remarks:

Supervisor

Signed:

Well Plugging Supervisor

PLUGGING FILE SEC 8 T 9 R220 BOOK PAGE 82 LINE 24