

KANSAS
STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

R

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

15-065-02200-00-00

File No. _____ Location: SW SE NE

County: Graham Sec. 6 Twp. 9 Rge. 23 (E) (W)

Name of Field or Pool: _____ Total Depth: 3910

I have this date completed supervision of plugging of:

Well No. #1 Lease STAGGERS

Operator's Full Name LEBEN Dr/g INC.

Complete Address: 905 CENTRAL Bldg - WICHITA, KS.

Plugging Contractor: LEBEN Dr/g INC.

Address: 905 CENTRAL Bldg - WICHITA 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 No.

If yes how long _____ Reason: _____

Operation Completed: Hour 8 AM Day 27 Month APRIL Year 1958

The above well was plugged as follows:

Mudded BACK to 500' Bridged & plugged with 25 SX
CEMENT - Mudded BACK to 200' Bridged & plugged
with 15 SX CEMENT - Mudded BACK to 40' Bridged
& plugged with 10 SX CEMENT to BASE OF CELLAR.
2 1/2' of 8 3/8 SURFACE CASING.

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: A. D. Johnson
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: J. Lewis Brock
Field Supervisor

Remarks:

RECEIVED

STATE CORPORATION COMMISSION
Signed: 5-1-58
MAY 1 Well Plugging Supervisor

CONSERVATION DIVISION
Wichita, Kansas

PLUGGING
FILE SEC 6 T. 9 R. 23
BOOK PAGE 97 LINE 27