KANSAS STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

TO:

Jewel M. Ogden, Director 500 Insurance Building 212 North Market Wichita 2, Kansas File No. Location: County: Sec. Name of Field or Pool: Total Depth: I have this date completed supervision of plugging of: Operator's Full Name Complete Address: Plugging Contractor: Address: License No. Abandoned Oil Well 4 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 1/2. Day Month above well was plugged as follows: 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: 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: Signed: Reviewed: Well Plugging Supervisor PLUGGING Remarks: SEC 19 T 26 R 25 BOOK PAGE 59LINE 9