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BOOK PAGE 84 LINE

KANSAS . STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT ;

TO:

Jewel M. Ogden, Director 500 Insurance Building 212 North Market Wichita 2, Kansas Location: Sw SE SE File No. S_{-} Twp.___ _Rge. 2 3 Name of Field or Pool: Total Depth: I have this date completed supervision of plugging of: Well No. Lease Operator's Full Name IMPERIAL XANSAS. INC. 780 Fourth Natl Complete Address: Plugging Contractor: 50 mc 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 4 AM Day 14 Month FEB The above well was plugged as follows: Bridged tplu 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: 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:

STATE CORPORATION CO. MISSION.

STATE CORPORATION CO. MISSION. CONCERVATION DIVISION ivichita, Kansas Signed: Legis Base eld Supervisor Reviewed: Well Plugging Supervisor **PLUGGING** Remarks: 6