

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: 165' W 30' N of CENTER SW NW
County: Graham Sec. 14 Twp. 9 Rge. 24 (E) (W)
Name of Field or Pool: _____ Total Depth: 4076'

I have this date completed supervision of plugging of:

Well No. #1 Lease KLINE

Operator's Full Name Francis Oil & Gas, H. G. KAISER

Complete Address: 905 PALACE Bldg Tulsa 3, OKLA.

Plugging Contractor: H-30, INC. Tools

Address: 709 Petr. Bldg, Wichita, Ks. 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 9 AM Day 18 Month MAR Year 58

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 CELLOR. 211' of 8 5/8 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. P. 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 Burch
Field Supervisor

Remarks:

Signed: _____
Well Plugging Supervisor

3-27-58

PLUGGED
SEC. 14 9 24 W
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