## 15-077-15578-0000

## KANSAS STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

TO:

Jewel M. Ogden, Director

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500 Insurance Building 212 North Market √ichita 2, Kansas 117-19 Location: Nw.-NE-8W~ County: (E) (W) \(\nu\) Rge. Total Depth: 4508 Name of Field or Pool: I have this date completed supervision of plugging of: Well No. Lease Operator's Full Name Complete Address: Plugging Contractor: 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 6:30/May The 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: COMMISSION Field Supervisor Signed: Reviewed: Well Glugging PLUGGING Remarks: ( FILE SEC 9 T 31 R 8W BOOK PAGE 117 LINE 19