15-077-00201-00-0

STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

Jewel M. Ogden, Director 500 Insurance Building 212 North Market Michita 2, Kansas File No. County: Name of Field or Pool: Total Depth: I have this date completed supervision of plugging of: Well No. Operator's Full Name Complete Address: Plugging Contractor: Address: and. License No. Abandoned Oil Well Cas Well Input Well _SWD Well_ D & A If well is a rotary drilled dry hole did operators wait for you to arrive On tur If yes how long Reason: Operation Completed: Hour 10:30 P MDay Month (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: Supervisor Signed:

Reviewed:

TO:

UGGING SEC 22T 32R 7W

BOOK PAGE 146 LINE 33

Wichita, Kansas. CONSER