15-077-00004-00-00

KANSAS STATE CORFORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT ;

TO: Jewel M. Ogden, Director 500 Insurance Building 212 North Market

Reviewed:

Remarks:

STATE CORPORATION COMMISSION

JUL 2 0 1960

CONSERVATION DIVISION

Wichita, Kansas

07-20-10-1

Michita 2, Kansas File No. County: _Rge._ Name of Field or Pool: Total Depth: /-// I have this date completed supervision of plugging of: Well No. Lease Operator's Full Name Complete Address: Plugging Contractor: License No. Gas Well___Input Well___SWD Well Abandoned Oil Well___ D & A If well is a rotary drilled dry hole did operators wait for you to arrive on the If yes how long Reason: Operation Completed: Hour 6:00/1) Day 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:

Signed:

INV. NO.