

15-077-00084-00-00

CP.

KANSAS
STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

TO: Jewel M. Ogden, Director 500 Insurance Building 212 North Market Wichita 2, Kansas

Remarks:



Well Plugging Supervisor

Location: ME. NE. SE: File No. Twp. 33 Rge. 5 (E) (W) W County: Total Depth: 4960 Name of Field or Pool: I have this date completed supervision of plugging of: Lease Well No. Operator's Full Name Wicheta 6, Kansas Complete Address: 569 Plugging Contractor: Bay 173 Russel License No. D & A Input Well SWD Well Gas Well Abandoned Oil Well If well is a rotary drilled dry hole did operators wait for you to arrive on Reason: If yes how long Operation Completed: Hour 7. 00 Day 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. 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: INV. NO. Signed: