KANSAS STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

TO: Jewel M. Ogden, Director 500 Insurance Building 212 North Market √ichita 2, Kansas File No. County: Name of Field or Pool: Total Depth:___ 4440 I have this date completed supervision of plugging of: Well No. Operator's Full Name Complete Address: Plugging Contractor: License No. _ D & A / _Input Well_ SWD Well Abandoned Oil Well Gas Well If well is a rotary drilled dry hole did operators wait for you to arrive_____ If yes how long Reason: Operation Completed: Hour 6:45 AM 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: - dewis Brock Field Supervisor Reviewed: Plugging Supervisor

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Remarks: