15-077-10135-0000

KANSAS STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

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

Michita 2, Kansas Location: SW. ME. SW. File No. Name of Field or Pool: Total Depth: 435 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 1:30 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 Supervis 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: STATE COM OR THON - SAMMISSION Signed: dewis Broc Field Supervisor Reviewed: Well Plugging Supervisor **PLUGGING** Remarks 2 18 T 32R 9W SEC... FILE

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