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KANSAS STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

TO:

Jewel M. Ogden, Director 500 Insurance Building 212 North Market √ichita 2, Kansas Location: C. he. NW. File No. Sec. 32 Twp. 3/ 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: License No. New Com Abandoned Oil Well Gas Well ___Input Well_ SWD Well If well is a rotary drilled dry hole did operators wait for you to arrive If yes how long_ Reason: Operation Completed: Hour 11.40 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: The leptor factor to Signed: Alura Ben ield Supervisor Reviewed: Well Plugging Supervisor PLUGGING Remarks: FILE SEC 22T 3/R 94