15-077-00121-00-00

Well Plugging Supervisor

KANSAS STATE CORPORATION COMMISSION

## RECEIVED WELL PLUGGING SUPERVISOR'S REPORTSTATE CORPORATION COMMISSION

TO:500 Insurance Building 212 North Market

ewske

ield Supervisor

Remarks;

Jewel M. Ogden, Director APR 1 7 1959 CON ARVATION DIVISION Wichita, Kangae Michita 2, Kansas Location: ME. NE. File No. Twp. 32 County: Rge. Name of Field or Pool: Total Depth: I have this date completed supervision of plugging of: Well No. Operator's Full Name Q Complete Address: Plugging Contractor: License No. Address: 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 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. 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:

PLUGGING

BOOK PAGE 43 LINE 30

SEC 13 1 32 R 6W

FILE