KANSAS
STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

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

Remarks



√ichita 2, Kansas Location: 1650' FAWL - 135 File No.\_ County: Name of Field or Pool: Total Depth: 57 I have this date completed supervision of plugging of: Lease Operator's Full Name Complete Address: Plugging Contractor: Address: 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 John Day I Month Year /960 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: 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: us Olock Supervisor Reviewed: Well Plugging Supervisor INV. NO. 327-4