KANSAS STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

TO: Jewel M. Ogden, Director 500 Insurance Building 212 North Market Michita 2, Kansas



				43
File No.				
County: Clarks	Sec. 10	Twp	Rge. 45	(E)_(W)_
Name of Field or Pool:			Total Depth:	5760
I have this date completed s	supervision of pluggi	ing of:		
Well No.	Lease Handen			- therefor when
Operator's Full Name				
Complete Address:				
Plugging Contractor:	Thurs Bin	a Sull	La G.	
Address: But Ber	A Sans.		License No.	
Abandoned Oil WellGas	**			
If well is a rotary drilled	dry hole did operato	ors wait fo	or you to arrive_	
If yes how long	Reaso	n:		
				<u></u>
Operation Completed: Hour_	Day 28	Month_	Rasil	Year 1960
The above well was plugged a				
153'-185"	her sein	SHI.	to O.O.A.	Limbo.
1503 of 8 3 mg	to to	11	to she	1 To
To de 15560	2' 2111	en e		LI HIII
for the state of	1 11 1 1 1 1 1	1 1	SOCT III	a band
1 300 Mosses muy	I I sol	y Jones	10-10/	l. I. dul
De formello	very me	1 11	10 1000	Same y
Thompson and if it is that the al		as honoi	a stated and that	Two
I hereby certify that the alpresent while the above well		as herein	r stated and that	ı was
	Signed:	MI	returno-	
T			l Plugging Superv	
I hereby state that I was no to the best of my knowledge	and belief it was pl			
for my not being present is	as follows:			
	<u> </u>			
			<u> </u>	
Reviewed:	Signed:	Wel	1 Flugging Super	visor
Field Supervisor	•		DATE 5/6	160
V			MV. NO. 130	9-W