KANSAS STATE CORPORATION COMMISSION

STATE CORPORATION COMMISSION WELL PLUGGING SUPERVISOR'S REPORT TO: Jewel M. Ogden, Director MAY 26 1960 500 Insurance Building 212 North Market PATION DIVISION Wichita 2, Kansas Location: SE. SW. File No. Sec. County: Name of Field or Pool: Total Depth: I have this date completed supervision of plugging of: Well No. Operator's Full Name License No Well Input SWD Well D & A Gas Well If well is a rotary drilled dry hole did operators wait for you to arrive on lin If yes how long Reason: Hour X: 00 Day Month Operation Completed: 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 Superwisor 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: DATE __

Signed:

Reviewed:

Remarks:

Field Supervisor

INV. NO.

Well Plugging Supervisor