KANSAS STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

TO:

Jewel M. Ogden, Director 500 Insurance Building 212 North Market Wichita 2, Kansas 88. SE. Location: File No. County: Rge. (E) Name of Field or Pool: Total Depth: 4520 I have this date completed supervision of plugging of: Well No. . Operator's Full Name Complete Address: Plugging Contractor: License No. Input Well D & A Abandoned Oil Well Gas Well If well is a rotary drilled dry hole did operators wait for you to arrive On time If yes how long Reason: Year 198 Operation Completed: Hour 4:30 A.M.Day /2 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: r 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: JORPOR 6-17-58 NSER. Signed: Alwa Broz Leld Supervisor Reviewed: Well Plugging Supervisor PLUGGING Remarks:/ FILE SEC 7 T 29 R 8W

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