KANSAS STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

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

Field Supervisor

Remarks:



Wichita 2, Kansas File No. 15-095-01330-0000 Location: - 7 W. SE. MW. Sec. 35 County: Name of Field or Pool: Total Depth: I have this date completed supervision of plugging of: Well No. Lease Operator's Full Name Complete Address: Plugging Contractor: Address: License No. SWD Well_ D & A Gas Well Input Well Abandoned Oil Well If well is a rotary drilled dry hole did operators wait for you to arrive on him If yes how long Reason: Month augus Operation Completed: Hour 5:30 Day 21 The above well was plugged as follows: LAR 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, to the best of my knowledge and belief it was plugged as here histated. A fi for my not being present is as follows: Signed: Reviewed: Well Plugging Supervisor