## KANSAS STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

TO:

Jewel M. Ogden, Director 500 Insurance Building 212 North Market ∀ichita 2, Kansas Location: C. SW. SE File No. Seq. 36 Twp. 34 Rge. 13 (E) (W) 2County: Total Depth: 48/8 Name of Field or Pool: I have this date completed supervision of plugging of: Well No. 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 // 30 PM Day 20 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: Well Plugging Supervisor I hereby state that I was not present while the above well we's 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: DEC. 3 01958 WASERVATION DIVISION Tente Kansae Signed: sus Buck Supervisor Reviewed: Tugging Supervisor **PLUGGING** Remarks: / SEC 26 T 34 R 13W BOOK PAGE 9 LINE