KANSAS STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

Jewel M. Ogden, Director 500 Insurance Building 212 North Market √ichita 2, Kansas Location: NW. NU) File No. Rge._ County: Total Depth: 4228 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: License No. Address: 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: Day Operation Completed: Hour The above well was plugged as follows: ${\mathbb T}$ hereby certify that the above well was plugged as herein stated and that ${\mathbb T}$ 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 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: 2806 Signed: Reviewed: Wichia, upakissor PLUGGING Remarks: / SEC 20 T 27 R 51 FILE BOOK PAGE 139 LINE 6