KANSAS STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

R

TO: Jewel M. Ogden, Director 500 Insurance Building 212 North Market Wichita 2, Kansas File No.__ Location: Rge. County: Name of Field or Pool: Total Depth: I have this date completed supervision of plugging of: Well No. Operator's Full Name Complete Address: Plugging Contractor License No. SWD Well_ Input Well D & A. Gas Well If well is a rotary drilled dry hole did operators wait for you to arrive_ If yes how long Reason: Operation Completed: Hour 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: 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: STATE GOS

Remarks:

Reviewed:

Field Supervisor

PLUGGING :

Signed:

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PLUGGING

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Well Plugging Supervisor