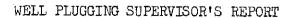
KANSAS STATE CORPORATION COMMISSION



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TO: Jewel M. Ogden, Director 500 Insurance Building 212 North Market Wichita 2, Kansas File No. 15-173-00104-0060 Location: DE SE SCU Twp._ Rge. County: Name of Field of Pool: Total Depth: 343(I have this date completed supervision of plugging of: Lease Operator's Full Name Complete Address: Plugging Contractor: License No. Gas Well Input Well_ If well is a rotary drilled dry hole did operators wait for you to arrive If yes how long_ _Reason: Operation Completed: Hour 10 pm Day $_{ t Month}$ 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 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: APRZE 1958 4- 2*8-58* TINSERVATION DIVISION Wichita, Kansas Signed: eld Supervisor Reviewed: Well Plugging Supervisor PLUGGING Remarks:

FILE SEC 25 T 26 R/4
BOOK PAGE 96 LINE 29