KANSAS STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT TO: Jewel M. Ogden, Director 500 Insurance Building 212 North Market Michita 2, Kansas File No. 15455-61608-0000 Location: Twp 🚄 County: Rge. Total Depth: 4080 Name of Field or Pool: I have this date completed supervision of plugging of: Tleyer Well No. Operator's Full Name (Complete Address: Plugging Contractor: License No. Address: Input Well SWD Well D & A Abandoned Oil Well Gas Well If well is a rotary drilled dry hole did operators wait for you to arrive Municipality If yes how long Reason: Month We Operation Completed: Hour //: 30 Day 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: ETIATE CERPORATION COMMISSION OCI 21 1958 10-21-58 CONSTANTION DIVIS Well Plugging Supervisor Signed: Reviewed:

Remarks:

Field Supervisor

PLUGGING SEC 21 T 26 R 4W BOOK PAGE 137 LINE 8