## KANSAS STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

TO:

Jewel M. Ogden, Director

500 Insurance Building 212 North Market √ichita 2, Kansas Location: CSE. NW. File No. 6-34 Twp. 27 Rge. 10 County: Total Depth: 429 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: ras ans License No. Gas Well\_\_\_\_Input Well\_\_\_SWD Well\_ D & A Abandoned Oil Well If well is a rotary drilled dry hole did operators wait for you to arrive\_ If yes how long Reason: Operation Completed: Hour July Day Month The above well was plugged as follows: REI. STATE COOP PARION COMMISSION -22-22 1959 3 ANDION DIVISION  $\overline{\mathbf{c}}$  $\omega_{\nu}$ J. Kansas 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: Signed: Field Supervisor Reviewed: Well Plugging Supervisor PLUGGING Remarks:/

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