N DIVISION

Kansas

KANSAS STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

TO: Jewel M. Ogden, Director 500 Insurance Building 212 North Market Michita 2, Kansas Location: File No. ユユ Twp. 女 Rge. County: Total Depth: 3720 Name of Field or Pool: I have this date completed supervision of plugging of: Well No. Operator's Full Name Complete Address: License No. Address: D & A Abandoned Oil Well Gas Well Input Well SWD Well If well is a rotary drilled dry hole did operators wait for you to arrive If yes how long Reason: Month Operation Completed: 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: Reviewed: 2/J1 11 Plugging Supervisor Field Supervisor PLUGGING Remarks: FILE SEC 22T 34 R 64

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