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._____/___/___/ Location: 4 (E) (W) County: Total Depth: 4096 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: License No. Abandoned Oil Well Gas Well Input Well SWD Well D & A If well is a rotary drilled dry hole did operators wait for you to arrive If yes how long Reason: Operation Completed: Hour Day The above well was plugged as follows: FIVED STATE CORPORATION COMMISSION FEB 2 0 1959 CONSERVATION DIVISION Wichita, 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: call me, un Signed: Callery (S) Field Supervisor deviewed Plugging Supervisör UGGING Remarks:

FILE

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