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KANSAS STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

TO:

Jewel M. Ogden, Director 500 Insurance Building 212 North Market √ichita 2, Kansas File No. Location: Rge._ County: Total Depth: 3976 -Name of Field or Pool: I have this date completed supervision of plugging of: Operator's Full Name Complete Address: Plugging Contractor: Address: License No. 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___ If yes how long 877. Reason: Operation Completed: Hour 10.30 P. M. Day 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: Signed: Reviewed: Well Plugging Supervisor PLUGGING Remarks: // FILE SEC 16 T 26 R 9 W