Form CP-3

STATE CORPORATION COMMISSION AGENT'S REPORT CONSERVATION DIVISION SERVATION DIVISION Karisas KANSAS Wichita Kansas J. Lewis Brock Administrator 500 Insurance Building Wichita, Kansas 67202 -29-1969 Operator's Full Name Well No. # Lease Name Sec. 4 Twp. 75 Rge. / 2 (E) Location Total Depth 4/ Abandoned Oil Well Input Well Gas Well SWD Well Other well as hereafter indicated Address 2 License No. Operation Completed: Hour Day Month The above well was plugged as follows: I hereby certify that the above well was plugged as herein stated. erl Plugging Supervisor

INV. NO. -