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. 13-16 Location: Twp 25 County: Rge. Name of Field or Pool: Total Depth: 4092 I have this date completed supervision of plugging of: Well No. Lease Operator's Full Name Complete Address: Plugging Contractor: License No. 2.36 Abandoned Oil Well Gas Well SWD Well Input Well _A & C__ If well is a rotary drilled dry hole did operators wait for you to arrive_ If yes how long Reason: Operation Completed: Hour 5:10 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, I hereby state that I was not present while one above well not be 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: NE. 200 Signed: Acus Brock Field Supervisor : beweitvef Well Plugging Supervisor PLUGGING Remarks: SEC. 34 T 25 R 46

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