KANSAS STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

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TO: Jewel M. Ogden, Director 500 Insurance Building 212 North Market Wichita 2, Kansas File No. 130 38 Location: 86. NW. NW /9 Twp. 23 Rge. 7 (E) (W) County: Total Depth: 3705 Name of Field or Pool: I have this date completed supervision of plugging of: Well No. 2 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_ 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: for my not being present is as follows: 1.08-58 Signed: Field Supervisor Well Plugging Supervisor PLUGGING FILE SEC 19 T 23 R 7W

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