KANSAS STATE CORPORATION COMMISSION



WELL PLUGGING SUPERVISOR'S REPORT

TO:
Jewel M. Ogden, Director
500 Insurance Building
212 North Market
Wichita 2. Kansas

Remarks /

CONSERVATION DIVISION

15-095-00 204-000 Wichita 2, Kansas File No. 46-6 Location: SW. SW. NW. Rge. County: Total Depth: 382 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. ___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 Reason: Operation Completed: Hour 5,00 Day 20 Month The above well was plugged as follows: 35 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 ield Supervisor

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