KANSAS STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

TO:

Jewel M. Ogden, Director

500 Insurance Building 212 North Market Michita 2, Kansas Location: File No. Rge 2 County: Name of Field or Pool: Total Depth: ク I have this date completed supervision of plugging of: Well No. Operator's Full Name Plugging Contractor: License No. Abandoned Oil Well Input Well SWD Well D & A Gas Well If well is a rotary drilled dry hole did operators wait for you to arrive If yes how long_ Reason: Month Och Day Operation Completed: Hour 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: 10-21-58 Said couldn't get Mile Rives, Bil STATE CORPORATION COMM Signed: Wecdnesses Wechter Wisor Field Supervisor PLUGGING Remarks: 6 SEC 7 T 24 R 26 W BOOK PAGE 139 LINE 7