KANSAS STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT TO: Jewel M. Ogden, Director 500 Insurance Building 212 North Market ∀ichita 2, Kansas Location: SW. SW. NW. 15-155-03196-0000 File No. /) Sec. 6 Twp. 23 Rge. 9 (E) County: Name of Field or Pool: Total Depth: I have this date completed supervision of plugging of: Lease Operator's Full Name Complete Address: Plugging Contractor: Address: License No. Input Well SWD Well Abandoned Oil Well Gas 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 5:30 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:

Signed: Lewes Brock Field Supervisor Reviewed:

Remarks:

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