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. 130-30 Location: NE. NE. h E. Twp. 30 County: Rge. Total Depth: 4255 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: Address: 102 West License No. SWD Well D & A Abandoned Oil Well / Input Well Gas Well If well is a rotary drilled dry hole did operators wait for you to arrive_ If yes how long Reason: Month Oc. Operation Completed: Hour 3:00 Day_/4/ 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: 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: VED. 艾园园 Signed: wrs Brock d Supervisor Reviewed: Well Plugging Supervisor

PLUGGING

FILE SEC 17 T 30 R 5 W BOOK PAGE 130 LINE 30

Remarks: 6