KANSAS STATE CORPORATION COMMISSION

CONSERVATION DIVISION AGENT'S REPORT

Jewel M. Ogden, Director

500 Insurance Building 212 North Market Wichita 2, Kansas County: File No.__ Location: SW SW NF Twp. 34 Rge. 14 (E) (W) V _Sec.__30 Name of Field: Total Depth:_ I have this date completed supervision of plugging of: Well No. Lease Name: Operator's Full Name: Complete Address:____ Plugging Contractor:____ ___License No.____ Address: Oil Well Gas Well Input Well SWD Well D & A Other well as hereafter indicated: Reason: If yes how long? Operation Completed: Hour The above well was plugged as follows: 11-9-60 Rémarks:

CONS Wichite Kansas