KANSAS STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT TO: Jewel M. Ogden, Director 500 Insurance Building 15-155-03184-0000 212 North Market Wichita 2, Kansas Location: SW. St. SW. File No. /3/-JB Rge. County: Total Depth: 3765 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. LGas Well Abandoned Oil Well Input Well SWD Well____D & A_ If well is a rotary drilled dry hole did operators wait for you to arrive_ If yes how long Reason: Month Movember Year Operation Completed: Hour Day 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: 11-21-58 ATE CORPORATION Signed: Reviewed: Plugging Super Field Supervisor CONCERNATION DIVISION Remarks: Yansas SEC 12 T 23 R 10W

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