Well Plugging Supervisor

Form CP-3

STATE CORPORATION COMMIDEL

CONSERVATION DIVISION AGENT'S REPORTON MAR THUN COMMING TON 1960

WICHIELD 1960

Kangaran Onlision J. Lewis Brock Administrator 500 Insurance Building Wichita, Kansas 67202 Operator's Full Name Orchiell Dala Co Complete Address 705 4th Water Bunk Bldg Weilit Van Lease Name Frohe Mc Sune A Well No. - /-Sec.27 Twp. 305 Rge. 10 (E) (W) Location C-SW-ME Total Depth 45 County /Tangman Gas Well Input Well SWD Well D & A Abandoned Oil Well Other well as hereafter indicated Plugging Contractor (8 tool, License No. Address Jame Hour /2:45 A Day // Month ? Year ! 9 Operation Completed: The above well was plugged as follows: I hereby certify that the above well was plugged as herein stated, Signed: ()

DATE _

INV. NO. _