## KANSAS STATE CORPORATION COMMISSION

## WELL PLUGGING SUPERVISOR'S REPORT

TO: Jewel M. Ogden, Director 500 Insurance Building . - --212 North Market √ichita 2, Kansas Location: County: Rge. Name of Field or Pool: Total Depth: I have this date completed supervision of plugging of: Well No. Operator's Full Name Complete Address: Plugging Contractor: License No. D & A Abandoned Oil Well Gas Well Input Well\_ SWD Well . If well is a rotary drilled dry hole did operators wait for you to arrive\_ If yes how long Reason: Operation Completed: Hour 330 Day Month 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: CONSERVATION DIVISION Signed: Reviewed: Well Plugging Supervisor Wichita, Kansas Supervisor PLUGGING

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BOOK PAGE 123 LINE 19

Remarks: