KANSAS
STATE CORPORATION COMMISSION

CONSERVATION DIVISION AGENT'S REPORT

15-145-01141-000

J. P. Roberts
Assitant Director
500 Insurance Building
212 North Market
Wichita 2, Kansas

I hereby certify that the abo

DATE _

INV. NO. _

STATE CORPORATION COMMISSION

Operator's Full Name Complete Address: Well No Lease Name Location N/1/ Sec. County Total Depth Abandoned Oil Well Gas Well Input Well SWD Well Other well as hereafter indicated: Plugging Contractor: License No. Address: Operation Completed: Month The Above well was plugged as follows:

ged as herein stated.

Signed:

Well Plugging Supervis