15-077-100660-0000

KANSAS STATE CORPORATION COMMISSION

STATE CO IN COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

JUN 2 4 1959 COMPERVATION DIVISION TO: Jewel M. Ogden, Director Wich/ta, Kansas 500 Insurance Building 212 North Market Wichita 2, Kansas ne, se File No. 4/1-3 Location: County: Twp. J 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. __SWD Well_ Abandoned Oil Well Gas Well Input Well D & A If well is a rotary drilled dry hole did operators wait for you to arrive_ If yes how long . Reason: Operation Completed: Hour Day 13 Month JUNE Year 59 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 Supervitor 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: Signed: Reviewed: <u>Well Plugging Supervis</u>or

PLUGGING

BOOK PAGE 41 LINE 37

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ield Supervisor

Remarks #