KANSAS STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

JO R

TO: Jewel M. Ogden, Director 500 Insurance Building 212 North Market Michita 2, Kansas Location: NW, NW & E File No. 7 4410 Name of Field or Pool: Total Depth: I have this date completed supervision of plugging of: Well No. / Lease ing leo Operator's Full Name Complete Address: Plugging Contractor: License No. Address: Abandoned Oil Well 2 Input Well SWD Well Gas 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 15:45 P.M. Day 14 Month Orwender Year 19 Jg The above well was plugged as follows: or c 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: FIVED MOV 21 558 JOHN 11-21-5 Signed: Well Pluggings Supervisors Reviewed:

PLUGGING

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Remarks:/