15-095-01213-0000

STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

TO:

Remarks

Jewel M. Ogden, Director

STATE CORPORATION COMMISSION MOISING NOT Amria, Kansas

500 Insurance Building 212 North Market √ichita 2, Kansas Location: ME, MG. ME. File No. Rge. County: (E) mama Name of Field or Pool: Total Depth: I have this date completed supervision of plugging of: Well No. Lease Operator's Full Name ena Complete Address: Plugging Contractor: MarLicense No. Input Well, SWD Well D & A Gas Well If well is a rotary drilled dry hole did operators wait for you to arrive If yes how long Reason: Day <u>2</u> 3 Hour / SO Operation Completed: 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: 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: Signed: Reviewed: Well Plugging Supervisor

PLUGGING

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