KANSAS STATE CORPORATION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

TO: Jewel M. Ogden, Director 500 Insurance Building 212 North Market Wichita 2, Kansas Location: &W. SW. SS File No._ Rge. County: Total Depth: 42 Name of Field or Pool: I have this date completed supervision of plugging of: Well No. Lease Operator's Full Name Complete Address: Plugging Contractor: License No. Address: Gas Well Input Well SWD Well D & A Abandoned Oil Well If well is a rotary drilled dry hole did operators wait for you to arrive__ If yes how long Reason: Operation Completed: Hour 2:30 AMDay_ 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: for my not being present is as follows:

JUN 6

CONSERVATION DIVISION Wichita, Kansas

Reviewed!

Remarks

ield Supervisor

Signed:

Well Plugging Supervisor

PLUGGING

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