TO:
J. P. Roberts
Assistant Director
500 Insurance Building
212 North Market
Wichita 2, Kansas

File No. ___________ County: Rawlins

Location: NW NW NW Sec. 4 Twp. 4 Rge. (W) (W) 33

Name of Field: ___________ Total Depth: 4704

I have this date completed supervision of plugging of:

Lease Name: Davis Well No. 1

Operator's Full Name: Harms & Burt

Complete Address: Box 184 Great Bend, Kansas

Plugging Contractor Same

Address: License No.

Oil Well Gas Well Input Well SWD Well D & A x

Other well as hereafter indicated:

Was any delay in plugging operations caused by Conservation Division Agent?

Yes No x

If Yes how long? Reason:

Operation Completed: Hour 8AM Day 26 Month 2 Year 62

The above well was plugged as follows:

8 5/8" 274' circulated with cement.

Circulated hole with heavy mud, set cementing plug at 550', displaced 20
sax cement through drill pipe, heavy mud to 180', set plug and 20 sax

cement, heavy mud to 35', set plug, bull's and filled to bottom cellar with
cement.

Signed: ____________________________
Conservation Division Agent

Reviewed: ____________________________
Fluid Supervisor

Remarks: ____________________________

INVOICED
DATE 3/10/64
INV. NO. 465-1-00-00