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To: STATE CORPORATION COMMISSION
 Wichita State Office Bldg. - PLUGGING SECTION
 130 S. Market, Room 2078
 Wichita, Kansas 67202

TECHNICIAN'S PLUGGING REPORT

Operator License # 101

Operator: STATE OF KANSAS Fee Fund

Name & _____

Address _____

AB oil well XXXXXX Gas Well _____ SWD Well/ Input Well _____ D & A _____

Other well as hereinafter indicated: _____

Plugging Contractor: SPLANE PULLING & ROUSTABOUT SERVICE, INC. Lic. # 6372

Address: PO BOX 386 CHANUTE, KS. 66720

Company to plug at: Hour: _____ Day: _____ 2 Month: 6 2004

Plugging proposal received from: KEITH SPLANE

Company Name: SAME Phone: _____

Were: RUN 1" TO TD AND CIRCULATE CEMENT TO SURFACE

API NUMBER N/A

SWNENE Sec/Twp/Rge 12 - 28 - 18E

GPS 3964 feet from south section line

GPS 1102 feet from east section line

Lease/Well# BROOKSHIRE BRO 6A

County NEOSHO

Well Total Depth _____ feet

Production Pipe: 2 Size Feet 650

Surface Casing: 6 Size Feet 20

Plugging Proposal Received by: HINE

Plugging attended by Agent: All _____ Part _____ TECHNICIAN
 None XXXXXX

Operations Completed: Hour: _____ Day: _____ 2 Month: 6 2004

Actual Plugging Report: RAN 3/4" TO 650' INSIDE OF 2" AND RAN 1" TO 450' ON BACKSIDE
CIRCULATED CEMENT TO SURFACE. USED 66 SACKS

CONTROL # 20040034- 006 GPS'd AS BRO #6A

Remarks: _____
 (If additional description is necessary, use BACK of this form.)

I DID NOT observe this plugging.

Signed:

Russell H. Hine
 TECHNICIAN

RECEIVED
 JUN 14 2004
 KCC WICHITA

[Handwritten signature]