

15-133-19708-0000

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 XXXX 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: _____ 4 Month: 6 2004

Plugging proposal received from: KEITH SPLANE

Company Name: SAME Phone: _____

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

Plugging Proposal Received by: HINE TECHNICIAN None

Plugging attended by Agent: All XXXX Part _____

Operations Completed: Hour: _____ Day: _____ 4 Month: 6 2004

Actual Plugging Report: RAN 3/4" TO 650'.

CIRCULATED CEMENT TO SURFACE. USED 14 SACKS

CONTROL # 20040034- 014 GPS'd AS MOY #06

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

I DID observe this plugging.

Signed:


 TECHNICIAN

RECEIVED

JUN 14 2004

KCC WICHITA