

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 # 101Operator: STATE OF KANSAS Fee Fund

Name & _____

Address _____

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

Other well as hereinafter indicated: _____

Plugging Contractor: SPLANE PULLING & ROUSTABOUT SERVICE, INC. Lic. # 6372Address: PO BOX 386 CHANUTE, KS. 66720Company to plug at: Hour: _____ Day: _____ 4 Month: 6 2004Plugging proposal received from: KEITH SPLANECompany Name: SAME Phone: _____Were: RUN 1" TO TD AND CIRCULATE CEMENT TO SURFACEPlugging Proposal Received by: HINEPlugging attended by Agent: All XXXX Part _____ TECHNICIAN
None _____Operations Completed: Hour: _____ Day: _____ 4 Month: 6 2004Actual 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:

Russell H. Hine
TECHNICIAN

RECEIVED

JUN 14 2004

KCC WICHITA