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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: K-W OIL WELL SERVICE, INC Lic. # 3097

Address: 19450 FORD ROAD CHANUTE, KS

Company to plug at: Hour: _____ Day: _____ 23 Month: 3 2005

Plugging proposal received from: JIM KEPLEY

Company Name: K-W OIL WELL SERVICE Phone: 620-431-2285

Were: _____

Plugging Proposal Received by: RUSSELL HINE

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

Operations Completed: Hour: _____ Day: _____ 23 Month: 3 2005

Actual Plugging Report: WASHED 1" TO 600'.

CIRCULATED CEMENT TO SURFACE.145 SACKS OF PORTLAND USED**RECEIVED****APR 15 2005****KCC WICHITA**Remarks: CONTROL # 20050028-010(If additional description is necessary, use BACK of this form.)

I DID NOT observe this plugging.

Signed:

Russell Hine

TECHNICIAN

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