

15-~~433~~-61182-0000

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 XXXXXX Gas Well _____ SWD Well/ Input Well _____

Other well as hereinafter indicated: _____

Plugging Contractor: K-W OIL WELL SERVICE, INCLic. # 3097Address: 19450 FORD ROAD CHANUTE, KS

Company to plug at: Hour: _____ Day: _____ 9 Month: _____ 1 2006

Plugging proposal received from: JIM KEPLEYCompany Name: K-W OIL WELL SERVICEPhone: 620-431-2285

Were: _____

RECEIVED

JAN 30 2006

KCC WICHITA

Plugging Proposal Received by: _____

RUSSELL HINE

Plugging attended by Agent: All _____ Part _____

TECHNICIAN

None XXXXX

Operations Completed: Hour: _____ Day: _____ 9 Month: _____ 1 2006

Actual Plugging Report: RAN 1" TO 350'CIRCULATED CEMENT TO SURFACE.22 SACKS OF PORTLAND USEDRemarks: CONTROL # 20050044-031(If additional description is necessary, use BACK of this form.)I DID NOT observe this plugging.

Signed: _____



 TECHNICIAN