

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, KSCompany to plug at: Hour: _____ Day: 11 Month: 5 2006Plugging proposal received from: JIM KEPLEYCompany Name: K-W OIL WELL SERVICEPhone: 620-431-2285

Were: _____

Plugging Proposal Received by:

RUSSELL HINE

Plugging attended by Agent: All _____ Part _____

TECHNICIAN
XXXXXX None _____Operations Completed: Hour: _____ Day: _____ 11 Month: 5 2006Actual Plugging Report: RAN 1" TO 160'. DRILLED TO 180'.CIRCULATED CEMENT TO SURFACE.187 SACKS OF PORTLAND USEDRemarks: CONTROL # 20060009-008(If additional description is necessary, use BACK of this form.)I DID NOT observe this plugging.

Signed:


TECHNICIAN

RECEIVED

JUN 09 2006

KCC WICHITA

PKT