

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 Funds

Name & _____

Address _____

AB oil well XXXX Gas Well _____ SWD Well/ Input Well _____

Other well as hereinafter indicated: _____

Plugging Contractor: K-W OIL WELL SERVICE, INC Lic. # 3097Address: 19450 FORD ROAD CHANUTE, KSCompany to plug at: Hour: _____ Day: _____ 8 Month: 3 2006Plugging proposal received from: JIM KEPLEYCompany Name: K-W OIL WELL SERVICE Phone: 620-431-2285

Were: _____

Plugging Proposal Received by: RUSSELL HINEPlugging attended by Agent: All _____ Part XXX TECHNICIAN
None _____Operations Completed: Hour: _____ Day: _____ 8 Month: 3 2006Actual Plugging Report: WASHED 1" TO 525' INSIDE OF 2".CIRCULATED CEMENT TO SURFACE.208 SACKS OF PORTLANDRemarks: CONTROL # 20050044-042(If additional description is necessary, use BACK of this form.)I DID NOT observe this plugging.

Signed:

Russell Hine
TECHNICIAN

RECEIVED

MAR 22 2006

KCC WICHITA

PCT