

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: _____ 6 Month: 3 2006Plugging proposal received from: JIM KEPLEYCompany Name: K-W OIL WELL SERVICE Phone: 620-431-2285Were: _____

Plugging Proposal Received by:

RUSSELL HINE

TECHNICIAN

Plugging attended by Agent: All _____ Part _____ XXX _____ None _____

Operations Completed: Hour: _____ Day: _____ 6 Month: 3 2006Actual Plugging Report: RAN 1" TO 700' INSIDE OF 2". WASHED 1" TO 600' OUTSIDE

CIRCULATED CEMENT TO SURFACE.

160 SACKS OF PORTLAND

RECEIVED
MAR 10 2006
KCC WICHITA

Remarks: CONTROL # 20050044-076(If additional description is necessary, use BACK of this form.)

I DID NOT observe this plugging.

Signed:

Russell Hine
 TECHNICIAN