

15-037-01038-00-00

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

Name & _____

Address _____

AB oil well XXXX 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: _____ 3 Month: 8 2007Plugging proposal received from: JIM KEPLEYCompany Name: K-W OIL WELL SERVICE Phone: 620-431-2285

Were: _____

Plugging Proposal Received by:

RUSSELL HINE

Plugging attended by Agent: All _____ Part _____

XXXXX

TECHNICIAN

None _____

Operations Completed: Hour: _____ Day: _____ 3 Month: 8 2007Actual Plugging Report: RAN 1' TO 325'CIRCULATED CEMENT TO SURFACE.28 SACKS OF PORTLAND USEDALTERNATE II COMPLETIONRemarks: CONTROL # 20070046-044(If additional description is necessary, use BACK of this form.)I DID observe this plugging.

Signed:



TECHNICIAN