

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 _____ Gas Well XXX 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: 23 Month: 1 2009Plugging proposal received from: JIM KEPLEYCompany Name: K-W OIL WELL SERVICE Phone: 620-431-2285Were: Clean out old well and circulate cement to surface

Plugging Proposal Received by:

Russell Hine

TECHNICIAN

None

Plugging attended by Agent: All XXXX Part _____Operations Completed: Hour: _____ Day: 3 Month: 2 2009Actual Plugging Report: Washed 1" to 310'.Circulated cement to surface. Pulled 1" and topped off.160 SACKS OF PORTLAND USEDRECEIVED
KANSAS CORPORATION COMMISSION

FEB 17 2009

CONSERVATION DIVISION
WICHITA, KSRemarks: CONTROL # 20090029-001(If additional description is necessary, use BACK of this form.)I did observe this plugging.

Signed:

Russell Hine
TECHNICIAN