

To:

STATE CORPORATION COMMISSION

Wichita State Office Bldg. - PLUGGING SECTION

130 S. Market, Room 2078

Wichita, Kansas 67202

TECHNICIAN'S PLUGGING REPORT

Operator License # _____

Operator: state of kansas fee fund

Name & _____

Address _____

AB oil well xxxxxxx Gas Well _____

SWD Well/ Input Well _____

Other well as hereinafter indicated: _____

Plugging Contractor: kepley well ser. L.L.C.

Lic. # _____

30670

Address: 19245 FORD RD. CHANUTE, KS. 66720

Company to plug at: Hour: _____

6 Day: _____

3 Month: _____

2009

Plugging proposal received from: _____

Company Name: _____

Phone: _____

Were: squeeze well inside & outside top to bottom

Plugging Proposal Received by: _____

MIKE HEFFERN

Plugging attended by Agent: All _____

Part _____

TECHNICIAN

None _____

xxxxxxx

Operations Completed: Hour: _____

9 Day: _____

3 Month: _____

2009

Actual Plugging Report: _____

ran 1' to 620' inside of 2" ran 1" out side of 2" to 525' pumped 182 sxs.cement to surface inside & outside. cut off well filled pit.

RECEIVED

KANSAS CORPORATION COMMISSION

APR 07 2009

CONSERVATION DIVISION
WICHITA, KSRemarks: contract # 11787 control # 20090015-016(If additional description is necessary, use BACK of this form.)

I observe this plugging.

Signed: _____

Mike Heffern
TECHNICIAN