

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. #

30670Address: 19245 ford road chanute,ks. 66720

Company to plug at: Hour: _____ 2 Day: _____ 3 Month: _____ 2009

Plugging proposal received from: _____

Company Name: _____

Phone: _____

Were: squeeze well top to bottom

Plugging Proposal Received by: _____

clayton titel

TECHNICIAN

Plugging attended by Agent: All _____ Part _____

xxxxxxxxxx None _____

Operations Completed: Hour: _____ 4 Day: _____ 3 Month: _____ 2009

Actual Plugging Report: ran 1" inside of 2" to 850', ran 1" out side of 2" to 575', pumped 195 sxs.cement to surface, inside & out side of 2". Cut well off back filled pit.RECEIVED
KANSAS CORPORATION COMMISSION

MAR 26 2009

CONSERVATION DIVISION
WICHITA, KSRemarks: control#20090015-020 contract#11787

(If additional description is necessary, use BACK of this form.)

I observe this plugging.

Signed:

Mike H. [Signature]
TECHNICIAN