

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 _____ Gas Well XXX SWD Well/ Input Well _____

Other well as hereinafter indicated: _____

Plugging Contractor: K-W OIL WELL SERVICE, INC

Lic. #

3097Address: 19450 FORD ROAD CHANUTE, KS

Company to plug at: Hour: _____ Day: _____ 18 Month: _____ 5 2009

Plugging 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 HinePlugging attended by Agent: All XXXX Part _____

TECHNICIAN

None _____

Operations Completed: Hour: _____ Day: _____ 18 Month: _____ 5 2009

Actual Plugging Report: Washed 1" to 460'. Hit hard.

Circulated cement to surface. _____

RECEIVED

156 SACKS OF PORTLAND USED

JUN 01 2009

KCC WICHITA

Remarks: CONTROL # 20090042-001(If additional description is necessary, use BACK of this form.)

I did observe this plugging.

Signed:


 TECHNICIAN