

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 _____ SWD Well/ Input Well _____ D & A XXX

Other well as hereinafter indicated: _____

Plugging Contractor: K-W OIL WELL SERVICE, INC Lic. # 3097Address: 19450 FORD ROAD CHANUTE, KSCompany to plug at: Hour: _____ Day: 10 Month: 6 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

Plugging attended by Agent: All _____ Part _____ None XXXOperations Completed: Hour: _____ Day: 11 Month: 6 2009Actual Plugging Report: Washed 1" to 575'.

Circulated cement to surface. Pulled 1" and topped off well.

RECEIVED**JUL 13 2009**175 SACKS OF PORTLAND USED**KCC WICHITA**Remarks: CONTROL # 20090072-001(If additional description is necessary, use BACK of this form.)I did not observe this plugging.

Signed:


 TECHNICIAN