

3 080216

To:

STATE CORPORATION COMMISSION

Wichita State Office Bldg. - PLUGGING SECTION

130 S. Market, Room 2078

Wichita, Kansas 67202

TECHNICIAN'S PLUGGING REPORT

Operator License # 101

Operator: STATE OF KANSAS

Name & FEE FUND

Address _____

AB oil well XXX Gas Well _____ SWD Well/ Input Well _____

Other well as hereinafter indicated: _____

Plugging Contractor: K-W WELL SERVICE

Lic. # 3097

Address: 19450 FORD ROAD, CHANUTE, KANSAS 66720

Company to plug at: Hour: _____ Day: 10 Month: 4 2000

Plugging proposal received from: _____

Company Name: _____ Phone: _____

Were: _____

Plugging Proposal Received by:

TONY WILLIAMS

Plugging attended by Agent: All XXX Part _____

TECHNICIAN
None

Operations Completed: Hour: _____ Day: 10 Month: 4 2000

Actual Plugging Report: RAN 1 INCH PIPE TO 900 FEET AND CEMENTED WELL BOTTOM

TO TOP USING 56 SACKS OF CEMENT.

RECEIVED

STATE CORPORATION COMMISSION

MAY 3 2000

Remarks: CONTROL NO. 20000039-002

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

CONSERVATION DIVISION
Wichita, Kansas

I DID observe this plugging.

Signed:

Tony Williams
TECHNICIAN

(R)