

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 KANSASName & FEE FUND

Address _____

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

Other well as hereinafter indicated: _____

Plugging Contractor: KEPLEY WELL SERVICELic. # 30670Address: 19245 FORD RD. CHANUTE, KS. 66720Company to plug at: Hour: _____ Day: 10 Month: 10 2001Plugging proposal received from: MIKE KEPLEYCompany Name: KEPLEY WELL SERVICE Phone: (620) 431-8945Were: CLEAN OLD WELL TO T.D. AND FILL WITH CEMENT.

Plugging Proposal Received by:

MARCHANTPlugging attended by Agent: All XXXXXX Part _____TECHNICIAN
None _____Operations Completed: Hour: _____ Day: _____ 10 Month: 10 2001Actual Plugging Report: WASHED WITH 3/4" TO 3' OUTSIDE, WASHED 1" TO 365' ANDCIRCULATED CEMENT TO SURFACE. USED 60 SACKS PORTLAND.Remarks: Control# 20020013-004(If additional description is necessary, use BACK of this form.)I DID observe this plugging.

Signed:


 TECHNICIAN

RECEIVED

OCT 22 2001

KCC WICHITA

