

STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

WELL PLUGGING RECORD
K.A.R.-82-3-117

15-153-09233-00-00
API NUMBER _____

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days.

LEASE NAME Paul Dozbaba
Cahoj #29
WELL NUMBER 1

4290 Ft. from S Section Line
2970 Ft. from E Section Line

SEC. 16 TWP. 1 RGE. 34 (X) or (W)
COUNTY Rawlins

LEASE OPERATOR RAMA Operating Co., Inc.
ADDRESS Box 159, Stafford, Ks. 67578
PHONE#(316) 234 5191 OPERATORS LICENSE NO. 3911

Date Well Completed _____
Plugging Commenced 9/11/90
Plugging Completed 9/11/90

Character of Well dit EOR ab 5-24-04
(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 6-19-90 (date)
by Carl Goodrow (KCC District Agent's Name).
Is ACO-1 filed? yes If not, is well log attached? _____

Producing Formation KC-Lansing Depth to Top 4066 Bottom 4291 T.D. 4360
Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
	Surface Pipe			8 5/8	367	
<u>KC-Lansing</u>	<u>Longstring</u>	<u>4266</u>	<u>4291</u>	<u>5 1/2</u>	<u>4360</u>	

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from feet to feet each set.
Sq. Annulus w/100 sks cement blend to max psi 400 lbs. Close in 200 lbs. Sq 5 1/2
w/75 sks straight cement blend followed w/125 sks cement blend w/500 lbs. hulis
mixed into max psi 400 lbs. Close in psi 150 lbs. Plug complete.

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

Name of Plugging Contractor Allied Cement Co. License RECEIVED
Address Russell, Ks. STATE CORPORATION COMMISSION
10-10-1990
OCT 10 1990

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: _____
STATE OF Kansas COUNTY OF Stafford, ss. CONSERVATION DIVISION
Wichita, Kansas

RAMA Operating Co., Inc. (Employee of Operator) or (Operator) of
above-described well, being first duly sworn on oath, says: That I have knowledge of the facts,
statements, and matters herein contained and the log of the above-described well as filed that
the same are true and correct, so help me God.

(Signature) [Signature]

(Address) P.O. Box 159, Stafford, Ks. 67578

SUBSCRIBED AND SWORN TO before me this 5 day of Oct., 19 90

Billie Postier
Notary Public

My Commission Expires BILLIE POSTIER
Notary Public - State of Kansas
My Appt. Expires Feb. 21, 1992

