

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

Form CP-1

September 2003

This Form must be Typed

Form must be Signed

All blanks must be Filled

API # 15 - 007-30233-00-01 (Identifier Number of this well). This must be listed for wells drilled since 1967; if no API # was issued,

indicate original spud or completion date 10/04/2004

Well Operator: Raymond Oil Company, Inc. KCC License #: 5046

Address: P.O. Box 48788 City: Wichita

State: Kansas Zip Code: 67201-8788 Contact Phone: (316) 267 - 4214

Lease: Dugan Trust 'D' Well #: 2 Sec. 32 Twp. 31 S. R. 13 East West

Spot Location / QQQQ County: Barber

990 Feet (in exact footage) From North / South (from nearest outside section corner) Line of Section (Not Lease Line)

890 Feet (in exact footage) From East / West (from nearest outside section corner) Line of Section (Not Lease Line)

Check One: Oil Well Gas Well D&A Cathodic Water Supply Well

SWD Docket # _____ ENHR Docket # _____ Other: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

Surface Casing Size: Existing 8.625 Set at: 310 Cemented with: _____ Sacks

Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridgeplug Sets: _____

Elevation: 1607/1618 (G.L. / K.B.) T.D.: 4460' PBTD: _____ Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Casing Leak Junk in Hole

Proposed Method of Plugging (attach a separate page if additional space is needed): _____

Is Well Log attached to this application as required? Yes No Is ACO-1 filed? Yes No

If not explain why? _____

RECEIVED
DEC 10 2004
KCC WICHITA

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission.

List Name of Company Representative authorized to be in charge of plugging operations: Clarke Sandberg

Phone: (316) 267 - 4214

Address: P.O. Box 48788 City / State: Wichita, KS

Plugging Contractor: Allied Cementing Co., Inc. KCC License #: _____
(Company Name) (Contractor's)

Address: P.O. Box 31 Russell, KS 67665 Phone: (785) 483 - 2627

Proposed Date and Hour of Plugging (if known?): 10/10/2004 6:00 PM

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: 11/23/2004 Authorized Operator / Agent: [Signature]
(Signature)

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202