

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 30 days from plugging date.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
K.A.R. 82-3-117

Form CP-4
September 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

Lease Operator: Rama Operating Co., Inc.
Address: P.O. Box 159 Stafford, Kansas 67578
Phone: (620) 234 5191 Operator License #: 3911
Type of Well: Oil Docket #: _____
(Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)
The plugging proposal was approved on: _____ (Date)
by: Case Morris (KCC District Agent's Name)
Is ACO-1 filed? Yes No If not, is well log attached? Yes No
Producing Formation(s): List All (If needed attach another sheet)

Depth to Top: _____ Bottom: _____ T.D. _____

Depth to Top: _____ Bottom: _____ T.D. _____

Depth to Top: _____ Bottom: _____ T.D. 3510'

API Number: 15-009-21,035-00-00
Lease Name: Schwertfefer
Well Number: 1
Spot Location (QQQQ): C . N/2 . SW
1980 Feet from North / South Section Line
1320 Feet from East / West Section Line
Sec. 15 Twp. 19 S. R. 12 East West
County: Barton
Date Well Completed: _____
Plugging Commenced: 3-29-05
Plugging Completed: 3-31-05

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface Conductor & Production)				
Formation	Content	From	To	Size	Put In	Pulled Out
				8-5/8"	24178"	None
				4-1/2"	3506'	1650'

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Describe in detail the manner in which the well is 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 depth placed, from _____ feet to _____ feet each set.

Plugged off bottom with sand to 3380' and 4 sacks cement. Shot casing loose 1650', pumped 70 sacks cement w/300# hulls, pulled up to 750', pumped 35 sacks cement w/100# hulls, pulled up to 225' and circulated 65 sacks cement & 100# hulls. Topped off with 25 sacks cement, 60/40 pos, 10% gel. Plugging Complete

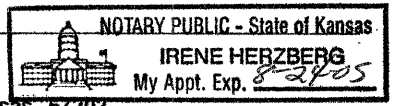
Name of Plugging Contractor: Mike's Testing & Salvage, Inc. License #: 31529
Address: P.O. Box 467 Chase, Kansas 67524
Name of Party Responsible for Plugging Fees: Rama Operating Co., Inc.
State of Kansas County, Rice, ss.

Mike Kelso (Employee of Operator) or (Operator) on 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 is as filed, and the same are true and correct, so help me God.

(Signature) Mike Kelso
(Address) P.O. Box 467 Chase, Kansas 67524

SUBSCRIBED and SWORN TO before me this 5th day of April, 2005

Irene Herzberg My Commission Expires: _____
Notary Public



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

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