

STATE OF KANSAS
STATE CORPORATION
COMMISSION
130 South Market Room 2078
Wichita, Kansas 67202

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

API NUMBER 15-033-21338 - 00 - 00

LEASE NAME Thompson

TYPE OR PRINT

NOTICE: Fill out completely
and return to Cons. Div.
office within 60 days.

WELL NUMBER 2-28

1980 Ft. from N (S) Section Line

1980 Ft. from E (W) Section Line

LEASE OPERATOR Raymond Oil Company

SEC. 8 TWP. 31S RGE. 18 (E) or (W)

ADDRESS P.O. Box 48788, Wichita, KS 67201

COUNTY Comanche

PHONE # 316-267-4214 OPERATOR'S LICENSE NO. 5046

Date Well Completed _____

Character of Well Oil

Plugging Commenced 8/10/2005

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

Plugging Completed 8/15/2005

The plugging proposal was approved on _____ (date)

by Jerry Stapleton (KCC District Agent's Name).

is ACO-1 filed? yes If not, is well log attached? _____

Producing Formation _____ Depth to Top _____ Bottom _____ T. D. _____

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
				10 3/4	305	None
				4 1/2	5197	2500

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the 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.

8/10 - lay down rods 8/11 - lay down tubing, set CIBP at 4900', spot 2 sacks cement with dump bailer, stretch pipe

8/12 - cut pipe loose at 2500', pull up to 1140' 8/15 - Allied pump 15 sacks gel and 50 sacks 60/40 POZ at 1140'

did not load, pull up to 760', wait 2 hours, tag at 924', pull to 600', run 50 sacks, pull casing

8/16 - run tubing to 520', pump 15 sacks gel with cover

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

Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Raymond Oil Company

STATE OF Kansas COUNTY of Barber, ss.

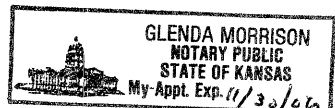
John Swinford (Employee of Operator) or (Operator) of above described well, being first

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 filled that the same are true and correct, so help me God.

(Signature) John Swinford

(Address) P.O. Box 187, Medicine Lodge, KS 67104



SUBSCRIBED AND SWORN TO before me this 10 day of January, 2006

Glenda Morrison
Notary Public

My Commission Expires: November 30, 2006

RECEIVED
JAN 13 2006
KCC WICHITA