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

					159-19197-00-00
Lease Operator: Raymond Oil Company, Inc.				API Number: 15	-1 <del>08-77534 -</del>
Address: P.O. Box 48788 Wichita, Ks. 67201				Lease Name: 1	Marilyn Zink
Phone: (316) 267-4214 Operator License #: 5046				Well Number:	1
SWD				$f$ Spot Location (OQ $\ell$	QQ1: · NW · NE · SE
Type of Well: Docket #: D-28/8 U1CDUTE  (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other)  (II SWD or, ENHR)					North / South Section Line
The plugging proposal was approved on:(Date)					East / West Section Line
by: Virgil Clothier (KCC District Agent's Name)					
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				Sec. 18 Twp. 18 S. R. 10 East X   West   County: Rice	
Producing Formation(s): List All (If needed attach another sheet)				County:	KICE
Depth to Top: Bottom: T.D.				•	d:
Depth to Top: Bottom: T.D.			Plugging Commenc	ed: 1-21-08	
Depth to Top: Bottom: T.D.			Plugging Completed	1-22-08	
				and a second control of the second control o	
Show depth and thickness of all water, oil and gas Oil. Gas or Water Records	lormations.				
	The state of the s				Pulled Out
				550 *	
,		1			None
			5-1/2"	3296.5	1700'
		1			
			!		
Plugged off bottom with sand up to 1250', pumped 35 sx.cem	to 3200' nent, pul	and 5 s led up t	o 900', pu	Cut casin	g loose @1700', pulled cement, pulled up to
		***************************************			
Plugging Complete.					
				n.c. License #: 3	1529
Address: P.O. Box 467 C	hase, K	ansas (	67524	n i minimi dinna manadansak sakalanganik sak baga di anamanganikasa	
Name of Party Responsible for Plugging Fees:	Raymond	Oil Com	pany, Inc.	,	RECEIVED
State of Kansas County,	Rice		85.		FEB 1 / 2008
					KCCMO
same are true and correct, so help me God.	ke Kels	0	_ (Employee of (	Operator) or (Operator) ed, and the log of the	on Coo develop Har peing first duly above-described well is as liled, and the
same are true and correct, so help me God.	ke Kels lacts statement	s, and matter	(Employee of (s herein containe	ed, and the log of the	above-described well is as liled, and the
same are true and correct, so help me God.	ke Ke1s facts statement Signature)  Address)  P	oo as, and matter 22.4 .0. Box	(Employee of C	nase, Kansa	above-described well is as liled, and the
same are true and correct, so help me God.	ke Ke1s facts statement Signature)  Address)  P	oo as, and matter 22.4 .0. Box	(Employee of Contained Laborated Lab	nase, Kansa February	above-described well is as liled, and the
same are true and correct, so help me God.	ke Ke1s lacts statement Signature) Address) P NORN TO belo	s, and matter  0. Box  of me this  cryfung	(Employee of Cos herein contains 467 Ch 6th day of	nase, Kansa February Commission Expires:	above-described well is as filed, and the s 6.7.5.2.4  2008  NOTARY PUBLIC - State of Kansas IRENE HERZBERG