Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #: 5046				API No. 15 - 109-20852-00-00			
Name: RAYMOND OIL COMPANY				Spot Description: 19' W and 12' S of			
Address 1: P.O. BOX 48788				NW -NE- SW SE Sec. 2 Twp. 14 S. R. 32 East ✓ West			
Address 2:							
City: WICHITA State: KS Zip: 67202 +							
Contact Person:TED McHENRY				Footages Calculated from Nearest Outside Section Corner:			
Phone: (316) 287-4214				□ NE □ NW ✓ SE □ SW			
Type of Well: (Check one) ☐ Oil Well ☐ Gas Well ☐ OG ✓ D&A ☐ Cathodic				County: LOGAN			
Water Supply Well Other: SWD Permit #:				Lease Name: ROSE A Well #: 1			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed: 8/08/09			
Is ACO-1 filed? ✓ Yes	No If not, is we	Il log attached? Yes	☐ No	The pluggi	ing proposal was app	roved on: <u>8/08/09</u>	
Producing Formation(s): List			1	_by:RIC	H-WILLIAMS	(KCG-District-Agen	t's Name)
Depth to Top: Bottom: T.D				Plugging Commenced: 8/08/09			
Depth to Top: Bottom: T.D				Plugging Completed: 8/08/09			
Depth t	o Top: Botte	om: T.D					
Show depth and thickness of	all water oil and ges form	ations	I.				
Oil, Gas or Wate		ations.	Casina E	Panami (Surfa	ce, Conductor & Produ	untion)	
Formation	, , , , , , , , , , , , , , , , , , ,		Size		Setting Depth	Pulled Out	
		SURFACE	8 5/8"		260'	0	
		N _p x i				the state of the s	
Describe in detail the manner in which the well is plugged, indicating where the mud fluid was been or other plugs were used, state the character of same depth placed from (bottom), to (a state of the plug @ 2342' w/ 25 sx, 2nd Plug @ 1193' w/ 100 sx, 3rd 4th Plug @ 40' w/ 10 sx, 5th Plug @ Rathole w/ 30 sx. Total 205 sx 60/40 Pozmix, 4% Gel, 1/4# FloSeal, by Allied Plug Down @ 5:00 P.M. on 8/08/09				rd Plug @ 310' w/ 40 sx,			ED.
						KCC WICH	ITA
Plugging Contractor License #	_{#:} 6039		_ Name: _	L D DR	ILLING, INC.		
Address 1: 7 SW 26 A	/E		_ Address 2	2:			
City: GREAT BEND				State: KS		zip: 67530 +	
Phone: (620) 793-30	51						
Name of Party Responsible fo	r Plugging Fees: RAY	MOND OIL COMPA	ANY				
	•••						
State of KANSAS	County, _	BARTON		_ , \$S.			
State of KANSAS SUSAN SCHNEWEI	County, _			_ , ss. Empl	loyee of Operator or	Operator on above-describe	ed well,
SUSAN SCHNEWEI	County, S; employee of co (Print Name) says: That I have knowled	ntractor	and matters	•	loyee of Operator or	Operator on above-describenthe above-described well is as file	