

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING APPLICATION**
Please TYPE Form and File ONE Copy

Form CP-1
March 2009
**This Form must be Typed
Form must be Signed
All blanks must be Filled**

OPERATOR: License #: 3911
Name: Rama Operating Co., Inc.
Address 1: P.O. Box 159
Address 2: _____
City: Stafford State: Ks Zip: 67578 + _____
Contact Person: Robin L. Austin
Phone: (620) 234-5191

API No. 15 - 155-21,257-0000
If pre 1967, supply original completion date: _____
Spot Description: _____
Nw. Se Nw Sec. 22 Twp. 25 S. R. 9 East West
1,650 Feet from North / South Line of Section
1,900 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Reno
Lease Name: Shaffer Well #: 1-22

*KCC
PAPER*

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8 5/8 Set at: 182 Cemented with: 185 Sacks
Production Casing Size: 5 1/2 Set at: 3898 Cemented with: 175 Sacks

List (ALL) Perforations and Bridge Plug Sets:

3,844-60

Elevation: 1652 (G.L. / K.B.) T.D.: 3900 P.B.T.D.: 3885 Anhydrite Depth: 320
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
(Interval)

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

According to the rules and regulations of the KCC

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

If ACO-1 not filed, explain why:

**RECEIVED
DEC 31 2009
KCC WICHITA**

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

Company Representative authorized to supervise plugging operations: Rama Operating Co., Inc
Address: P.O. Box 159 City: Stafford State: KS Zip: 67578 + _____
Phone: (620) 234-5191

Plugging Contractor License #: 31529 Name: Mike's Testing and Salvage
Address 1: P.O. Box 467 Address 2: _____
City: Chase State: KS Zip: 67524 + _____
Phone: (620) 938 - 2943

Proposed Date of Plugging (if known): ASAP

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

Date: 12-30-2009 Authorized Operator / Agent: _____
(Signature)

*Dist 2
PW*



CORPORATION COMMISSION

Mark Parkinson, Governor Thomas E. Wright, Chairman Michael C. Moffet, Commissioner Joseph F. Harkins, Commissioner

NOTICE OF RECEIPT OF WELL PLUGGING APPLICATION (CP-1)

RAMA OPERATING CO., INC.
101 S MAIN ST
STAFFORD, KS 67578-1429

January 08, 2010

Re: SHAFFER #1-22
API 15-155-21257-00-00
22-25S-9W, 1687 FNL 1900 FWL
RENO COUNTY, KANSAS

Dear Operator:

This letter is to notify you that the Conservation Division has received your plugging proposal, form CP-1, for the above well and has reviewed the proposal for completeness. The central office will now forward your CP-1 to the district office listed below for review of the proposed plugging method. **Please contact the district office for approval of your proposed plugging method at least five (5) days before plugging the well, pursuant to K.A.R. 82-3-113(b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit in accordance with K.A.R. 82-3-600.**

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well. This notice in no way constitutes authorization to plug the above well by persons not having legal rights of ownership or interest in the well.

This notice is void after July 7, 2010. The CP-1 filing does not bring the above well into compliance with K.A.R. 82-3-111 with regard to the Commission's temporary abandonment requirements.

Sincerely,

Steve Bond
Production Department Supervisor

District: #2
3450 N. Rock Road, Suite 601
Wichita, KS 67226
(316) 630-4000