Address 2: ____ city: Wichita

Contact Person: _

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

OPERATOR: License #: __5046

Address 1: P.O. Box 48788

Phone: (316) 267-4214

Name: Raymond Oil Company

RECEIVED

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

JUL 0 7 2010

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

WELL PLUGGING RECORD

KCC WICHITA All blanks must be Filled K.A.R. 82-3-117 API No. 15 - 007-22825-0000 Spot Description: ____ W2 - E2 - E2 - Sec. 32 Twp. 31 S. R. 13 East West 2,640 Feet from North / V South Line of Section _____ State: KS Zip: 67202 + ____ 910 _ Feet from 📝 East / West Line of Section Footages Calculated from Nearest Outside Section Corner:

Phone: (316_) 267-4214 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: 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: 4344 Bottom: 4364 T.D. 4830 squeeze off Depth to Top: 3728 Bottom: 3730 T.D. 4830 Depth to Top: Bottom: T.D. Show depth and thickness of all water, oil and gas formations.				NE NW SE SW County: Barber Lease Name: Dugan Well #: d-1 Date Well Completed: The plugging proposal was approved on: 6/1/2010 (Date by: Eric MacLaren (KCC District Agent's Name Plugging Commenced: 7/21/2010 Plugging Completed: 7/24/2010 Plugging Completed: 7/24/2010		
Formation	Content	Casing	Size		Setting Depth	Pulled Out
	Surface		8 5/8		227	None
	Production	·	5 1/2		4506	2400

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 (bottom), to (top) for each plug set.

Sanded back to 4294, spot 5 sacks cement with dump bailer, cut casing at 2400, lay down, run tubing to 1st 600, pump 15 gel, 50 sacks 60/40 poz 4% gel, 2nd 240, 75 sacks 60/40, 3rd 60, 30 sacks 60/40, circulate to surface

Plugging Contractor License #:5105	Name: Clarke Corporation
Address 1: _ P.O. Box 187	Address 2: 107 W. Fowler
City: _Medicine Lodge	State: <u>Kansas</u> zip: <u>67104</u> +
Phone: (620) 886-5665	
Name of Party Responsible for Plugging Fees: Raymond Oil Company	
State of Kansas County, Barber	, Ss.
Mark Morgenstern (Print Name)	Employee of Operator or Operator on above-described well,
being first duly sworn on oath, says. That I have knowledge of the facts statements, a	nd 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: Mark Mugenster	