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 #: 3911				API No. 15 - 100-3 1408-UU-U-L								
Name: Rama Operating Co., Inc.				Spot Description: SW NW SE SE								
Address 2: P.O. Box 159				Sec. 19 Twp. 23 S. R. 14 East ✓ West Feet from North / ✓ South Line of Section North / West Line of Section								
							Contact Person: Robin A	Austin			Footages Calculated from	Nearest Outside Section Corner:
							Phone: (620) 234-5191				NE NW SE SW	
Type of Well: (Check one)			Cathodic	County: Staffo	(D							
Water Supply Well Other: SWD Permit #:				Lease Name: Shepherd Well #: 1								
ENHR Permit #: E15		Storage Permit #:		•	MANU-100-100-100-100-100-100-100-100-100-10							
Is ACO-1 filed? Yes		well log attached?		The plugging proposal wa	as approved on: (Da							
Producing Formation(s): List Depth	All (If needed attach and	ther sheet)	ية كري والمنظمة الم	_by:_Richard Lacey	(KCC District Agent's Nar							
				Plugging Commenced:2	2-11-11							
Depth		ottom: T.E		Plugging Completed:2	2-14-11							
Depth	ю юр: В	ottom:T.D	J	*	•							
Show depth and thickness of	f all water oil and gas fo	ermations	•									
Oil, Gas or Wate		The state of the s	Casina	Record (Surface, Conductor &	2. Production)							
Formation Content				te Setting Depth Pulled Out								
			_ ,									
	,		8-5/8	" 248'	None							
*			5-1/2	" 3849'	2000'							
es trock out when all to set and many photocols is proved an analysis and a page and a p	XXIII											
				<u> </u>								
Describe in detail the manne cement or other plugs were u					methods used in introducing it into the hole							
				,								
• •				•	e @2000', pulled up to 900'							
	_	· •	•	•	acks cement, pulled up to							
40' and circulated	20 sacks cem	ent to surrace,	60/40 pos,	2% gei. Plugging	Complete.							
1 1 1	e esemble			and the second section is	The summaries of the su							
Plugging Contractor License	_# . 31529	, in the second	Name:	Mike's Testing & S	Salvage, Inc.							
Address 1: P.O. Box 4												
Address 1: P.U. BOX 467 Address City: Chase												
•				State: Nansas	Zip: <u>07324</u> + <u>0407</u>							
Phone: (620) 938-29				-								
Name of Party Responsible for	or Plugging Fees: Ra	<u>ıma Operating (</u>	Co., Inc.									
State of Kansas	Count	y, Rice	······	, SS.								
Mike Kelso	(Print Name	1		Employee of Opera	tor or Operator on above-described we							
being first duly sworn on oath	•		tements, and matte	rs herein contained, and the	log of the above-described well is as filed, a							
the same are true and correc		_	,									
Signature:	16 7	yla			RECEIVE							
- /-					- CEIVEL							