

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

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1037320

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

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

OPERATOR: License #: 3	911		/	API No. 15	. 15-009-2540)4-00-00	
Name:Rama Operating Co., Inc.				Spot Description:			
Address 1: 101 S MAIN ST				SE_SE_NE_NW Sec. 4 Twp. 20 S. R. 11 East West			
Address 2:				1,160 Feet from North / South Line of Section			
City: <u>STAFFORD</u> State: <u>KS</u> Zip: <u>67578</u> + <u>1429</u>							
Contact Person: _Robin.L_Austin				Footages Calculated from Nearest Outside Section Corner:			
Phone: (620_) .234-5191				□ NE ✓ NW □ SE □ SW County: Barton			
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic							
Water Supply Well Other: SWD Permit #:				Lease Name: Kummer Well #: 4-4			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed: 03/28/2010			
Is ACO-1 filed? Yes No If not, is well log attached? Yes N				The pluggi	ng proposal was appro	oved on: <u>03/25/201</u>	
Producing Formation(s): List A	•	•		_{by:} Dav	<u>/id Wann</u>	(KCC Distri	ct Agent's Name)
Depth to Top: Bottom: T.D				Plugging Commenced: 03/2/72010			
Depth to Top: Bottom: T.D				Plugging Completed: 03/28/2010			
Depth to	o Top: Botto	m:T.D					
Show depth and thickness of	all water, oil and gas forma	ations.		· -· ·	··· -·· ·		
				asing Record (Surface, Conductor & Production)			
Formation	Content	Casing S			Setting Depth	Pulled Out	
		Surface	8,625		308	0	
		Carrage	0.020			. •	
			 				
Describe in detail the manner cement or other plugs were used. Heavy mud in hole 80 sks., top plug @	sed, state the character of a. 1st plug @ 33	same depth placed from (bo 14' with 25 sks., 2	ttom), to (to	p) for each	plug set.	, 3rd plug @ 34 KANSAS CORI	
						Wic	ATION DIVISIO
Plugging Contractor License #: 34069				Basic E	Energy Services	LP	
Address 1: 500 W ILLINOIS, STE 800				dress 2: PO BOX 10460			
City: _MIDLAND				State:	.	Zip: <u>79702</u>	_+
Phone: (432) 620-5	528						4
Name of Party Responsible for	or Plugging Fees: <u>Ram</u>	a Opoerating Co., Ir	nc				
State of Kansas	County, _	Stafford		, 55.			
Robin L. Austin				Em;	ployee of Operator or	Operator on above	3-described well
being first duly sworn on oath	(Print Name) says: That I have knowled	dge of the facts statements a	and matters	herein con	tained, and the loc of	the above-described we	ell is as filed and

Submitted Electronically