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 - 155-21,257-0000			
Name: Rama Operating Co., Inc.				Spot Description: NW SE NW			
Address 1:P.O. Box 159				Sec. 22 Twp. 25 S. R. 9 East West			
Address 2:				Feet from \[\sqrt{North / \sqrt{South Line of Section}} \]			
City: Stafford State: Ks. zip: 67578 +							
Contact Person: Robin Autin				Footages Calculated from Nearest Outside Section Corner:			
Phone: (<u>620</u>) <u>234-5191</u>				□ NE □ NW □ SE □ SW			
Type of Well: (Check one) 📝 Oil Well 🗌 Gas Well 🔲 OG 🔲 D&A 📗 Cathodic				County: Reno			
Water Supply Well Other: SWD Permit #:				Lease Name: Shaffer Well #: 1-22			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on:(Date)			
Producing Formation(s): List All (if needed attach enother sheet)				by: BJ Hope(KCC District Agent's Name)			
Depth	to Top:	Bottom:TD		Plugging Commenced: 2-22-10			
Depth to Top: Bottom: T.D				- Diversing Completed: 2 24 10			
Deptn							
Show depth and thickness of	of all water oil and gas	formations					
Oil, Gas or Wat		iornauoris.	01			····	
Formation Content				Record (Surface, Conductor & Production)			
	- Connone	Casing	Size	Settin	g Depth	Pulled Out	
<u> </u>			8-5/8	182'		None	
			5-1/2	3896		2600'	
1						2000	
							
	<u></u>					1	
Plugged off bottor 1320, pumped 35 circulated 150 sad	sacks cement	t, pulled up t <u>c.</u> 800)', pumped	f 35 sacks ce	ement, p	ulled up to 230	up to ' and
Plugging Contractor License	 31529			Mike's Testin	o & Salv	ago Inc	
Address 1: P.O. Box 4	07		Address	2:			
City: Chase,				State: Kansas zip: <u>67524</u> + <u>0467</u>			+ <u>0467</u>
Phone: (620) 938-29	943						_
Name of Party Responsible fo	or Plugging Fees: Re	ama Operating Co.,	Inc.				
State of Kansas				55			
Miko Koloo							
(Print Name)				Employee of Operator or Operator on above-described well,			
being first duly sworn on oath	, says: That I have know	wledge of the facts statemer	nts, and matters	herein contained, a	nd the log of	the above-described we	ill is as filed, and
the same are true and correct		- /-/-					
Signature:	mil ?	Meda					
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