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

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

WELL PLUGGING RECORD

OPERATOR: License #:3911		API No. 1	5 - <u>155-21-300</u>	0-000	
Name: Rama Operating Co., Inc.		Spot Description: NW NE SW			
Address 1:P.o. Box 159		W2. NE NE SWec. 22 Twp. 25 S. R. 9 East West			
Address 2:					
City: Stafford State: Ks. zip: 67578 +					
Contact Person: Robin Austin Phone: (620) 234-5191					
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathod					
Water Supply Well Other: SWD Permit #:					
ENHR Permit #: Gas Storage Permit #:		1		Well #: _1-22	
Is ACO-1 filed? Yes No If not, is well log attached? Yes		1 Date well Completed.			
Producing Formation(s): List All (If needed attach another sheet)		by: BJ Hope (KCC District Agent's Name)			
Depth to Top: Bottom: T.D					
Depth to Top: Bottom:					
Show depth and thickness of all water, oil and gas formations.					
Oil, Gas or Water Records Formation Content Casing		Record (Surf	ace, Conductor & Produ		
Content Casing	Size		Setting Depth	Pulled Out	
	8-5/8	3"	191'	None	
	5-1/2) »	3992'	2255'	
Describe in detail the manner in which the well is plugged, Indicating where the micement or other plugs were used, state the character of same depth placed from (b). Set CI BP @3750' with 3 sacks cement on top. Cut 35 sacks cement, pulled up to 800', pumped 35 sacks cement to surface, 60/40 pos, 4% gel. Plugging in the sacks cement to surface.	casino ks cem	(top) for each g loose (nent, pui	oplug set. 2)2255', pulled	d up to 1300', Pumped	
Plugging Contractor License #: 31529		Mikala	Tostina & Salve	ago Ino	
			resuring & Salva	age, Inc.	
Address 1: P.O. Box 467	_ Address	3 2:			
City: Chase		_ State: Ka	nsas	zip: 67524 + 0467	
Phone: (620) 938-2943		_		4	
Name of Party Responsible for Plugging Fees: Rama Operating Co., In	<u>c.</u>				
State of Kansas County, Rice		, ss.			
Mike Kelso		_	oloyee of Operator or	Operator on above-described well,	
(Print Name) being first duly sworn on oath, says: That I have knowledge of the facts statements, the same are true and correct, so help me God.	and matte				
Signature: MILL 9 Laboratoria		. 		RECEIVED	