

TYPE OR PRINT
 NOTICE: Fill out completely
 and return to Cons. Div.
 office within 30 days.

LEASE OPERATOR Raydon Exploration, Inc.

ADDRESS P. O. Box 1816, Liberal, KS 67905-1816

PHONE# (316) 624-0156 OPERATORS LICENSE NO. 30604

Character of Well Gas

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 3-25-96 (date)

by Steve Middleton (KCC District Agent's Name).

Is ACO-1 filed? 0 Yes If not, is well log attached?

Producing Formation Mississippi Depth to Top 4864 Bottom 4950 T.D. 5110

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS _____ CASING RECORD _____

Formation	Content	From	To	Size	Put In	Pulled out
Mississippi	Gas	4864	4950	8-5/8"	818	0
				4-1/2"	5108	3500'

RECEIVED
 KANSAS COMPTROLLER
 4-24-96
 1996 MAR 21 A.D.

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from feet to feet each set
Mix and pump 25 sacks cement and displace with mud from 4500-4780', cut casing off at 3500', pull casing to 868', mix and pump 50 sacks cement from 868-738', pull casing to 500', mix and pump 40 sacks cement from 500-400', pull casing to 40', circulate 10 sacks cement 40' to surface.

Name of Plugging Contractor Jerry Dunkin, Inc. License No. 08733

Address P. O. Box 389, Enid, Oklahoma 73702

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Raydon Exploration, Inc.

STATE OF Kansas COUNTY OF Seward, ss.

Keith Hill, agent for Raydon Exploration, Inc. (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) *Keith Hill*

(Address) Crown Consulting, Inc.
P. O. Box 1816, Liberal, KS 67905-1816

SUBSCRIBED AND SWORN TO before me this 9th day of April, 19 96

X *Helen M. Smith*
 Notary Public

My Commission Expires: _____
 USE ONLY ONE SIDE OF EACH FORM

NOTARY PUBLIC, STATE OF KANSAS
 Seward County
 HELEN M. SMITH
 My Appt. Exp. 2-3-97

STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 Colorado Derby Building
Wichita, Kansas 67202

FORM CP-1
Rev.03/92

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # _____ (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR _____ KCC LICENSE # _____
(owner/company name) (operator's)

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CONTACT PHONE # () _____

LEASE _____ WELL# _____ SEC. _____ T. _____ R. _____ (East/West)

_____ SPOT LOCATION/QQQQ COUNTY _____

_____ FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

_____ FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL _____ GAS WELL _____ D&A _____ SWD/ENHR WELL _____ DOCKET# _____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. _____ PSTD _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING _____

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____

If not explain why? _____

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

_____ PHONE# () _____

ADDRESS _____ City/State _____

PLUGGING CONTRACTOR _____ KCC LICENSE # _____
(company name) (contractor's)

ADDRESS _____ PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) _____

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: _____ AUTHORIZED OPERATOR/AGENT: _____
(signature)