•				<u>-</u>			
STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building Wichita, Kansas 67202	WELL PLUGGING RECORD K.A.R82-3-117			API NUI	API NUMBER 15-151-22,062-00.00		
				LEASE NAME Gythiel			
	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. office within 30 days.			WELL NUMBER 1			
				-	Ft. from S	Section Line	
. M. D					Ft. from E Section Line		
LEASE OPERATOR Raymond Oil Co., Inc.				SEC. 17 TWP.26S RGE. 11W (E)or(W)			
ADDRESS P. O. Box 48788 Wichita, KS 67201				COUNTY	COUNTY Pratt		
PHONE (316) 267-4214 OPERATORS LICENSE NO. 5046				Date We	Date Woll Completed		
Character of Well Oil				Pluggln	g Commenced _	5-24-94	
(Oll, Gas, D&A, SWD, Input, Water Supply Well)				Pluggin	g Completed _	5-27-94	
The plugging proposal was appr	oved on			<u>-</u>		(date)	
bySteve Pfeifer				(KCC District Agent's Name).			
Is ACO-1 filed?1f							
	Depth to Top				Bottom T.D. 4220'		
Show depth and thickness of al							
OIL, GAS OR WATER RECORDS	L		C/	SING RECO	RD		
Formation Content	From	To !	Size	Put In	Pulled out		
			10 3/4	230'	none		
			5 1/2	4213'	2600'		

Describe in detail the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If coment or other plugs were used, state the character of same and depth placed, from feet to feet each set. Sanded off bottom @ 4050' & dumped 5 sks cement. Shot @ 3000, 2800 & 2600. Pipe came loose pulled all pipe. Pumped down 10 3/4" surface pipe with 300# hulls, 10 sx gel, 50 sx cement 10 sx gel, 100# hulls & 125 sx cement. Maximum pressure 500 psi & shut in 100 psi 5% gel. Plugging complete. (If additional description is necessary, use BACK of this form.) 60/40 pos 6% gel. Name of Plugging Contractor KELSO CASING PULLING, INC. License No. 6050 P.O. Box 347 Chase, Kansas 67524 Address NAME OF PARTY RESPONSIBLE FOR PLUCGING FEES: Raymond Oil Company, Inc.

STATE OF Kansas COUNTY OF Rice

R. Darrell Kelso (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 filled that the same are true and correct, so help me God.

(Signature)

(Address) P.O. Box 347 Chase, KS. 67524

STATE CHAPORATION COMMISSION HEOPIVED day of /June SUBSCRIBED AND SWORN TO before me this

Motary Public

My Commission Expiros:

