WELL PLUGGING RECORD 15-119-19027-00-01

STATE OF KANSAS	K.A.R	K.A.R82-3-117		API Number		D-23,655				
STATE CORPORATION COMMISSIO	ON			Lease Name		Fox				
30 S. Market, Room 2078 TYPE OR 1		R PRINT	Γ Well Numb			#2				
Wichita, Kansas 67202	Notice: Fill	Notice: Fill out completely		660 Ft. 1	ion Line					
	and return to Cons. Div.			660 Ft. from E Section Line						
	office wit	hin 30 days	SE	C <u>3</u> T	WP <u>35</u>	RGE	30	WEST		
Lease Operator R	AMA OPERATING CO.,	INC.	C	unty		Meade	;			
Address P.O. BOX 159, STAFFORD, KS 67578			, Da	Date Well completed1976						
Phone 316/234-5191	Operators License # 3911			Plugging Commenced 2/20/96						
Character of Well	swd	WD			Plugging Completed			2/20/96		
(Oil, Gas, D&A, SWD, Input, Water	er Supply Well)									
The plugging proposal was approved	d on	Ve	rbal-Steve	Durant 2-19	-96		(dat	e)		
		(KCC District Agent's Name).								
Is ACO-1 filed? UK	If not, is well log	attached?			yes	_				
Producing formation	Morrow Depth	to Top	4470	Bottom	4540	P T.D	614	40		
Show depth and thickness of all wat	er, oil and gas formations.									
OIL, GAS OR WATER RECORDS				CASING	G RECORD	, <u> </u>				
Formation	Content	From	Tanted	Size	Put In	Pı	ulled out			
		KANSAS CORF	DRATION COL	$\frac{40-19}{40-19}$	96					
		10	1		10					
		FE	3 2 2 18	50						
				ULTION						
Describe in detail	the manner in which the w	ell was plugge	d, indicatii	ng where the	mud fluid	was place	d			
and the me	ethod or methods used in ir	ntroducing it in	ito the hole	. If cement	or other plu	1gs				
were used, s	state the character of same	and depth plac	ed, from _	feet to _	feet each	set.				
1-25-96=Tub set 4	1116' cement W/65 sks. W	7/2% Cacl2. T	ub set 200	0' cement W	 7/65 sks w/:	3 % cacl2.				
Tub set 1500' ce	ement w/25 sks W/3% cacl	12. Wait on ce	ment to se	t. Cement v	v/45 sks 3%	cacl2.				
2-20-90	6=PBTD 1350; Ran 4-182	2 to 814'. Mix	ed and pu	nped 40 sks	of cement;					
Pulled 4-1/2 to 40'. Circulated cement; pulled last joint, filled 8-5/8.										
	(If additional description	is necessary,	use BACK	of this form	1.)					
	•	•			•					
Name of Plugging Contractor	Alli	ed Cementing		L	icense No.					
Address		Box 628, Grea	it Bend, K	67530						
NAME OF PARTY RESPONSIBLE					perating Co					
State of Kan	sas C	County of		Stafford		, Ss.				
Robin L. Aus	etin		-	(Employe	e of Operate	or) or (Op	erator) of			
	l, being first duly sworn or	n oath, says:	That I have	knowledge	of the facts,	, statemen	its, and			
matters herein contained and	- ·	-		_				d.		
	nature)	111				·	•			
, ,	dress)	T I	O. Box 1	59, Stafford	KS 67578					
-subser	<u> </u>	before me this	<u>. </u>	20 day		February	. 19	96		
	CAROLINE, FARRIS	· · · · · · · · · · · · · · · · · · ·	1 -	<u></u>	7					
	My Appt. Exp. 7-11-98	/ /	ala	len.	+/11	1110				
				Not	ary Public					
	My Commission Expires:	:		4/11/9	-		Form CP-4 Revised 05-88			