

ATE OF KANSAS
ATE CORPORATION COMMISSION
0 S. Market, Room 2078
chita, KS 67202

WELL PLUGGING RECORD
K.A.R.-82-3-117

API NUMBER 15-151-20,374-A-00-05

LEASE NAME Fincham "C"

WELL NUMBER 1

660 Ft. from S Section Line

4620 Ft. from E Section Line

SEC. 33 TWP. 29 SRGE. 13W (E) or (W)

COUNTY Pratt

Date Well Completed _____

Plugging Commenced 6-3-03

Plugging Completed 6-10-03

RECEIVED
JUN 26 2003

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

KCC WICHITA

EASE OPERATOR RAYMOND OIL COMPANY, INC.

ADDRESS P.O. Box 48788 Wichita, Kansas 67201-8788

PHONE (316) 267-4214 OPERATORS LICENSE NO. 5046

Character of Well Oil

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

The plugging proposal was approved on _____ (date)

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

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 4725

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
				8-5/8"	265'	None
				5-1/2"	4717'	2430'

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 plugs were used, state the character of same and depth placed, from _____ feet to _____ feet each side. Plugged off bottom with sand to 4500' and 5 sacks cement. Cut pipe loose @2430', pulled up to 750', pumped 11 sacks gel and 50 sacks cement, pulled up to 250', pumped 50 sacks cement, lost circulation, layed rest of casing down. Ran tubing to 260', pumped 50# hulls with 50 sacks cement, pulled to 90' and circulated 75 sacks cement to surface 60/40 pos. 4% gel.

Plugging Complete.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

Address P.O. Box 467 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Raymond Oil Company, Inc.

STATE OF Kansas COUNTY OF Rice, ss.

Mike Kelso (Employee of Operator) or (Operator)

of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts and statements, and matters herein contained and the log of the above-described well as filed therewith, and the same are true and correct, so help me God.

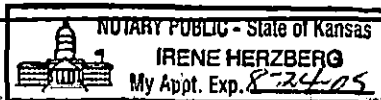
(Signature) [Signature]

(Address) P. O. Box 467 Chase, KS 67524

SUBSCRIBED AND SWORN TO before me this 24th day of June, 2003

[Signature]
Notary Public

My Commission Expires: _____



Form CP
Revised 05-