

LEASE NAME Lunt (SWD)

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

WELL NUMBER

3300 Ft. from S Section Line

660 Ft. from E Section Line

SEC. 35 TWP. 27S RGE. 13W (E) or (W)

COUNTY Pratt

LEASE OPERATOR RAMA Operating Co., Inc.

ADDRESS P. O. Box 159, Stafford, KS 67578

PHONE (316) 234-5191 OPERATORS LICENSE NO. 3911

Character of Well SWD

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

Date Well Completed

Plugging Commenced 10-18-93

Plugging Completed 10-25-93

The plugging proposal was approved on (date)

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

Is ACO-1 filled? if not, is well log attached?

Producing Formation Depth to Top Bottom T.D. 4675'

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
				13 3/8	205'	none
				7	4472'	2230'

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 set. Sanded bottom @ 4400' & 7 sks cement. Shot @ 2800', 2400' & 2230'. Pipe came loose. Pulled pipe. Plugged well down 13 3/8 casing with 400# C.S. Hulls, 1500# gel, 80 sks cement, 1500# gel, 200# C.S. Hulls, 175 sks cement. Close in well. 60/40 pos 6% gel. Plugging complete.

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor KELSO CASING PULLING, INC. License No. 6050

Address P. O. BOX 347 CHASE, KS. 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: RAMA Operating Co., Inc.

STATE OF KANSAS COUNTY OF RICE, ss.

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 filed that the same are true and correct, so help me God.

(Signature)

(Address)

P. O. BOX 347 CHASE, KS. 67524

SUBSCRIBED AND SWORN TO before me this 2nd day of November 19 93

My Commission Expires:



Notary Public

CONSERVATION DIVISION
Wichita, Kansas

Form CP-4
Revised 05-88