

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

WELL PLUGGING RECORD
K.A.R.-02-3-117

API NUMBER Drigd. 1956
LEASE NAME 15-047-19000-0000
Cudney

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

WELL NUMBER 2
4620 Ft. from S Section Line
660 Ft. from E Section Line
SEC. 35 TWP. 25 RGE. 16W (E) or (W)
COUNTY Edwards
Date Well Completed _____
Plugging Commenced 6-29-00
Plugging Completed 7-5-00

LEASE OPERATOR RAMA OPERATING CO., INC.
ADDRESS P.O. Box 159 Stafford, Kansas 67578
PHONE (316) 234-5191 OPERATORS LICENSE NO. 3911

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

The plugging proposal was approved on _____ (date)
by Richard Lacey (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 4480

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

OIL, GAS OR WATER RECORDS

CASING RECORD

RECEIVED

STATE CORPORATION COMMISSION

| Formation | Content | From | To | Size | Put in | Pulled out |
|-----------|---------|------|----|--------|--------|------------|
| | | | | 8-5/8" | 424' | None |
| | | | | 5-1/2" | 4462' | 2500' |
| | | | | | | |
| | | | | | | |

CONSERVATION DIVISION
Wichita, Kansas

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 cement or other pl were used, state the character of same and depth placed, from _____ feet to _____ feet each s. Plugged off bottom with sand to 3960' and 5 sks. cement. Shot pipe @2800 & 2500, pulled up to 1050', pumped 10 sks. gel and 50 sks cement, pulled to 460', pumped 50 sks. cement, pulled rest of pipe and topped off with 10 sks. cement. 60/40 pos. 6% 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: Rama Operating Co., Inc.

STATE OF Kansas COUNTY OF Rice, ss.

Mike Kelso (Employee of Operator) or (Operator)
above-described well, being first duly sworn on oath, says: That I have knowledge of the fac statements, and matters herein contained and the log of the above-described well as filed i 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 11th day of July 2000

[Signature]
Notary Public

My Commission Expires: _____

IRENE HERZBERG
State of Kansas
My Appt. Exp. Aug. 24, 2001

Form G
Revised 05