WELL PLUGGING RECORD STATE OF KANSAS API NUMBER 15-185-21,488-0000 K-A-R--82-3-117 STATE CORPORATION COMMISSION 130 S. Market, Room 2078 LEASE NAME_ Clark Wichita, KS 67202 TYPE OR PRINT WELL NUMBER 1-33 NOTICE: Fill out completely and return to Cons. Div. Ft. from S Section Line office within 30 days. Ft. from E Section Line LEASE OPERATOR RAMA Operating Company, Inc. SEC. 33 TWP. 25SRGE. 12 KEWOF(W) Stafford, Ks. 67578 ADDRESS P.O. Box 159 COUNTY ___Stafford PHONE (316) 234-5191 OPERATORS LICENSE NO. 3911 Date Well Completed Character of Well Oil Plugging Commenced 3-7=96Plugging Completed 3-19-96 (OII, Gas, D&A, SWD, Input, Water Supply Well) The plugging proposal was approved on ______ ___(date) (KCC District Agent's Name). is ACO-1 filed?_____if not, is well log attached?_____ Producing Formation ______ Dopth to Top _____ Bottom _____T.D. 4270' Show depth and thickness of all water, oil and gas formations. OIL. GAS OR WATER RECORDS CASING RECORD Formation Put In Content Size Pulled out 8 5/8" 414 none Describe in detail the manner in which the well was plugged, indicating where the mudificial placed and the method or methods used in introducing it into the hole. If coment or other pi ere used, state the character of same and depth placed, from feet to criteat each so Plugged off bottom with sand to 4000', dumped 4 sacks cement. Shot casing at 2700', 02500', 02300', 02114'. Pulled casing. Pumped 300# hulls 10 sacks gel; n50 sacks cement (60/40 POZMIX 6% gel), lo sacks gel, lon# hulfs, release plug, pumped 125 sacks cement 60/40 POZMIX 6% gel. Shut in 200#. Plugging complete. Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529 Address P.O. Box 209 Chase, Kansas 67524 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Rama Operating Co. Inc. Stafford, Ks. STATE OF Kansas ___ COUNTY OF ___Rice Mike Kelso (Employee of Operator) or (Operator) above-described well, being first duly sworn on oath, says: That I have knowledge of the fact statements, and matters herein contained and the log of the above-described well as filed to the same are true and correct, so help me God. (Signature) (Address) P.O. Box 209 Chase, Kansas 67524 SUBSCRIBED AND SWORN TO before me this 22nd day of /March ,19 96

> State of Kansas My Appt Exp. Aug. 24, 1997

My Commission Expires:

Notary & ubilg