

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

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

API NUMBER 15-185-23125 -0000

LEASE NAME Stafford West

WELL NUMBER 1

990 Ft. from S Section Line

1650 Ft. from ^W Section Line

SEC. 11 TWP. 24 RGE. 12W (E) or (W)

COUNTY Stafford

Date Well Completed _____

Plugging Commenced 6-23-03

Plugging Completed 6-24-03

RECEIVED
7-17-03
JUL 17 2003
KCC WICHITA

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

LEASE OPERATOR RAMA OPERATING COMPANY, INC.

ADDRESS P.O. Box 159 Stafford, Kansas 67578

PHONE (620) 234-5191 OPERATORS LICENSE NO. 3911

Character of Well SWD

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

A plugging proposal was approved on _____ (date)

Richard Lacey (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom T.O. 3840'

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

WELL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
				8-5/8"	296'	None
				5-1/2"	3836'	2620'

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 are used, state the character of same and depth placed, from _____ feet to _____ feet surface. Plugged off bottom with sand to 3750' and 5 sacks cement. Cut pipe loose @2620', pulled up to 650', pumped 10 sacks gel, 50 sacks cement w/200# hulls, pulled up to 330', pumped 50 sacks cement, pulled up to 40' and circulated 20 sacks cement to surface. 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 Company, 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 facts stated, 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) [Signature]

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

SUBSCRIBED AND SWORN TO before me this 15th day of July, 2003

[Signature]
Notary Public

My Commission Expires: _____

