WELL PLUGGING RECORD API NUMBER 15-151-21,885-00-00 STATE OF KANSAS K-A-R--82-3-117 STATE CORPORATION COMMISSION 130 S. Market, Room 2078 LEASE NAME Hoeme Wichita. KŚ TYPE OR PRINT WELL NUMBER 1 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. 25 TWP. 26 RGE. 13 XEXOF (W) ADDRESS P.O. Box 159 Stafford, Ks. 67578 COUNTY Pratt PHONE # (316) 234-5191 OPERATORS LICENSE NO. 3911 Date Well. Completed __ Character of Well Oil Plugging Commenced =4-9-96(OII, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 4-15-96 The plugging proposal was approved on ______ (date) (XCC District Agent's Name). by _ is ACO-1 filed?______if not, is well log attached?_____ Producing Formation ______ Depth to Top_____ Bottom____ Show depth and thickness of all water, oil and gas formations. 4-20-96SIT CASING RECORD OIL. GAS OR WATER RECORDS Size Formation from To Pulled out Content 10 3/4" 3321 · none 5 1/2" -4316 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 sr Plugged off bottom with sand to 3700' and 5 sacks cement. Shot well at 2909' and at 2763'. Pulled casing, pumped 400# hulls, 15 sacks gel, 60 sacks cement, 15 sacks gel, 100# hulls. release plug, pumped 155 sacks cement. 60/40 POZMIX 6% gel Plugging complete. Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529 Chase, Kansas 67524 Address _P.O. Box 209 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Rama Operating Co., Inc. -Stafford, Ks. 67578 COUNTY OF ____Rice_ STATE OF Kansas (Employee of Operator) or (Operator) Mike Kelso 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 t 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 19th day of ...

My Commission Expires:

Form Co Revised 05-

April ,19 96

Notary Publyc

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