

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

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

API NUMBER 15-185-21,964-00-00

LEASE NAME McComb "E"

WELL NUMBER 1

330 Ft. from N Section Line

1980 Ft. from W Section Line

SEC. 26 TWP. 24 RGE. 11 (E) or (W)

COUNTY Stafford

Date Well Completed _____

Plugging Commenced 10-31-01

Plugging Completed 11-1-01

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

NOV 07 2001
11-7-01
KCC WICHITA

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, SMD, Input, Water Supply Well)

This plugging proposal was approved on _____ (date)

by Scott Alberg (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3908'

Give 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
				8-5/8"	259'	None
				5-1/2"	3900'	1804'

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 plugging material was used, state the character of same and depth placed, from _____ feet to _____ feet each section.
Plugged off bottom with sand to 3500' and 5 sks. cement. Shot pipe @2014' and 1804'. Pulled casing up to 580', pumped 10 sks. gel, 50 sks. cement, pulled up to 280', pumped 50 sks. cement, pulled up to 40' 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) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts 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 5th day of November, 2001

[Signature]
Notary Public

My Commission Expires:

NOTARY PUBLIC - State of Kansas
IRENE HERZBERG
My Appt. Exp. 8-24-05

Form CR
Revised 05-