STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Building Wichita, Kansas 67202	WELL PLUGGING RECORD K.A.R82-3-117	API NUMBER 15-151-20861-00-00
		LEASE NAME Warren
	TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div.	WELL NUMBER #2
		Ft. from S Section Line
	office within 30 days.	Ft. from E Section Line
LEASE OPERATOR Raymond Oil	Company, Inc.	SEC. 14 TWP. 265 RGE. 14WXEKOr (W)
P.O. Box 48 ADDRESS Wichita, KS		COUNTY Pratt
PHONE (31% 838-8574 OPERA	TORS LICENSE NO. 5046	Date Well Completed
Character of Well Oil	•	Plugging Commenced 3/16/89
(Oll, Gas, D&A, SWD, Input, Wa	ter Supply Well)	Plugging Completed 3/22/89
The plugging proposal was appr	oved on	(date)
by	······································	(KCC District Agent's Name).
Is ACO-1 filed?If not, Is well log attached?		
Producing Formation		
Show depth and thickness of all OIL, GAS OR WATER RECORDS	I water, oil and gas formatio	SING RECORD RECEIVED RECEIVED COMMISSION Put In Pulled About 289 none MAX 22173
Formation Content	From To Size	Put In Pulled About 000
	_{8-5/8}	289 none MNX 3
	5 1/2	4351 2173 DUATION DIVE
Describe in detail the manner in which the well was plugged, indicating where the multiplication of the plugged and the method or methods used in introducing it into the hole. If cement or other plugwere used, state the character of same and depth placed, from feet to feet each set Plugged bottom with sand to 4180', ran 5 sacks cement, shot 02400', 2173', plugged surface with 400# hulls, 10 gel, 50 sacks cement, 10 gel, 100# hulls, 110 sacks 60/40 poz 6% gel.		
(If additional description is necessary, use BACK of this form.)		
Name of Plugging Contractor	KELSO CASING PULLING, IN	NC. License No. 6050
Address P.O. Box 347 Chase, KS 67524		
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Raymond Dil Company, Inc.		
STATE OF Kansas	COUNTY OFRice	,\$5.

R. Darrell Kelso (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filled that the same are true and correct, so help me God.

(Signature)

(Address) P.O. Box 347 Chase, KS 67524

Notary Public

SUBSCRIBED AND SWORN TO before me this

23rd_March day of

,19 89

My Commission Expires:

IZENE HOWER State of Heart 15, 1589 lay Appt. Exp. Aug. 15, 1589

Form CP-4 Revised 05-88