1090644

To:
STATE CORPORATION COMMISSION
Wichita State Office Bldg. | PLUGGING SECTION
130 S. Market, Room 2078
Wichita, KS 67202

1-2

TECHNICIAN'S PLUGGING REPORT

Operator License # ____30604____

Operator: Raydon Exploration, Inc.
Name &
Address 9400 N. Broadway, Ste. 400

Oklahoma City, OK 73114

API NUMBER 15- 083-21,421-0000

C NE NW , SEC. __16__ , T __22__ S, R __24__ W/E

____4620____ feet from S section line

____3300____ feet from E section line

Lease Name Shriwise R   Well # ____1____

County ____Hodgeman____   156.00

Well Total Depth   4800   feet

Conductor Pipe: Size _____ feet _____

Surface Casing: Size 8 5/8 feet 808

Abandoned Oil Well ___X___ Gas Well _____ Input Well _____ SWD Well _____ D&A _____

Other well as hereinafter indicated _____

Plugging Contractor Mike's Testing & Salvage, Inc.   License Number 31529

Address P.O. Box 209, Chase, KS 67524

Company to plug at: Hour: 11:30 a.m. Day: __2__ Month: __1__ Year: 19_96_

Plugging proposal received from David McIntyre

(company name) Mike's Testing & Salvage, Inc.   (phone) 316-938-2943

were: 5½" at 4800' w/100 sx cement, PBTD 4763'. Perfs at 4668-72'

1st plug sand back to 4620' and dump 5 sx cement on top of sand through bailer.

2nd plug at 1700' with 50 sx cement and 17 sx gel.

3rd plug at 840' with 50 sx cement,

4th plug at 420' with 25 sx cement, 5th plug at 40' with 10 sx cement.

Plugging Proposal Received by   Steve Middleton
                                          (TECHNICIAN)

Plugging Operations attended by Agent?: All ___X___ Part _____ None _____

Operations Completed: Hour: 2:30 p.m. Day: __2__ Month: __1__ Year: 19_96_

ACTUAL PLUGGING REPORT 1st plug sanded back to 4620' and dumped 5 sx cement on top of sand

through bailer,

2nd plug pumped 17 sx gel with 50 sx cement at 1700' through casing,   1-5-96

3rd plug pulled to 840' and pumped 50 sx cement.   JAN 0 5 1996

4th plug pulled to 420' with 25 sx cement,

5th plug at 40' with 10 sx cement.

Remarks: Used 60/40 Pozmix 6% gel by Allied. Recovered 3300' of 5½" casing.
(if additional description is necessary, use BACK of this form.)

Signed _____
              (TECHNICIAN)

FORM CP-2/3