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

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

API NUMBER 15-185-01619-00-01

LEASE NAME H. Meyer

WELL NUMBER 1

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

_____ Ft. from S Section Line

_____ Ft. from E Section Line

LEASE OPERATOR Rama Operating Co., Inc.

SEC. 27 TWP. 23S RGE. 12W (E) or (W)

ADDRESS P.O. Box 159 Stafford, Kansas 67578

COUNTY Stafford

PHONE # (316) 234-5191 OPERATORS LICENSE NO. 3911

Date Well Completed 1942

Character of Well Oil

Plugging Commenced 12-11-97

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

Plugging Completed 12-15-97

The plugging proposal was approved on _____ (date)

by Richard Lacey (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3838'

Show 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"	375'	None
				5-1/2"	3818'	2019'

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 were used, state the character of same and depth placed, from ___ feet to ___ feet each set.

Plugged off bottom with sand to 3608' and 5 sacks cement. Shot pipe @2816', 2415', 2221', 2019', pulled up to 720', pumped 50 sks. cement, pulled to 270', pumped 75 sks. cement, pulled rest of pipe and topped off with 25 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) 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 filed that the same are true and correct, so help me God.

(Signature) [signature]

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

Rec'd 12-18-97

SUBSCRIBED AND SWORN TO before me this 17th day of December, 1997

Irene Herzberg
Notary Public

My Commission Expires: _____

IRENE HERZBERG
State of Kansas
My Appt. Exp. Aug. 24, 2001

Form CP
Revised 05-