

WELL PLUGGING RECORD

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

K.A.R. -82-3-117

API Number 1423164 15-185-19377-0000
Lease Name H. Knoche
Well Number #1

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

990 Ft. from S Section Line
660 Ft. from E Section Line
SEC 28 TWP 23S RGE 12 W
County Stafford

Lease Operator RAMA OPERATING CO., INC.
Address P.O. BOX 159, STAFFORD, KS 67578
Phone 316/234-5191 Operators License # 3911
Character of Well Oil

Date Well completed _____
Plugging Commenced 8/4/97
Plugging Completed 8/4/97

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

The plugging proposal was approved on _____ (date)

(KCC District Agent's Name).

Is ACO-1 filed? Unknown If not, is well log attached? No
Producing formation Arbuckle Depth to Top _____ Bottom _____ T.D. 3810

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	200	None
				5-1/2	3843	None

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.

Filled 2" tubing to capacity-slight vacuum @3400'. Established circulation, mixed 50 sks 60/40 6% gel W/2% cc #2 & 200# hulls. Ran wire line, tagged cement @3025'. Broke circulation. Mixed 25 sks displaced W/2 bbls water @900' Broke circulation. Mixed 60 sks @530'. Displaced W/1 bbl water. Topped off W/10 sks.
Plugging complete.

8-27-97

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor RAMA Operating Co., Inc. License No. 3911
Address P.O. Box 159, Stafford, KS 67578
NAME OF PARTY RESPONSIBLE FOR PLUGGING FE RAMA Operating Co., Inc.
State of Kansas County of Stafford, Ss. Robin L. Austin
(Employee of Operator) or (Operator) of

the above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and atters herein contained and the log of the above-described well and filed that the same are true and correct, so help me Go

(Signature) _____
(Address) P.O. Box 159, Stafford, KS 67578



SUBSCRIBED AND SWORN TO before me this 25 day of August, 19 97

Caroline Farris

Notary Public

My Commission Expires: 4/11/98