

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

WELL PLUGGING RECORD
K.A.R.-62-3-117

API NUMBER 15-185-31459-00-00

LEASE NAME Kachelman

WELL NUMBER 2

1650 Ft. from S Section Line

1650 Ft. from E Section Line

SEC. 19 TWP. 23 RGE. 14 (E) or (W)

COUNTY Stafford

Date Well Completed _____

Plugging Commenced 6-16-03

Plugging Completed 6-18-03

RECEIVED

JUL 02 2003

KCC WICHITA

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

LEASE OPERATOR RAMA OPERATING CO., INC.

ADDRESS P.O. Box 159 Stafford, Kansas 67578

PHONE (620) 234-5191 OPERATORS LICENSE NO. 3911

Character of Well Gas

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

A plugging proposal was approved on _____ (date)

Richard Lacey (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 4050'

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"	274'	None
				5-1/2"	4049'	2620'

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 sack.

Plugged off bottom with sand to 3740' and 2 sacks cement on top, more sand to 3630' and 5 sacks cement on top. Cut pipe loose @2620', pulled up to 900', started pumping gel and cement, hole circulated clean. Layed down 5-1/2" casing. Ran 2" tubing to 900', pumped 10 sacks gel, 100# hulls and 50 sacks cement, pulled up to 300', pumped 100# hulls and 50 sacks cement, pulled to 30' and circulated 20 Sacks cement 60/40 pos, 6% gel.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529 Plugging Complete.

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 and statements, 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.

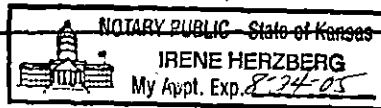
(Signature) [Signature]

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

SUBSCRIBED AND SWORN TO before me this 30th day of June, 2003

[Signature]
Notary Public

My Commission Expires:



Form CP
Revised 05-