

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 15-145-20,236-0060

Lease Name Garvin A

TYPE OR PRINT

Well Number #1

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

900 Ft. from S Section Line

3630 Ft. from E Section Line

SEC 30 TWP 23S RGE 15 W

Lease Operator RAMA OPERATING CO., INC.

County Pawnee

Address P.O. BOX 159, STAFFORD, KS 67578

Date Well completed

Phone 316/234-5191 Operators License # 3911

Plugging Commenced 5/14/97

Character of Well Gas

Plugging Completed 5/14/97

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

The plugging proposal was approved on 5/14/97 (date)

Richard Lacey (KCC District Agent's Name).

Is ACO-1 filed? No If not, is well log attached? No

Producing formation Krider Depth to Top 2015 Bottom 2019 T.D. 3075

7-22-97

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	275	None
				5-1/2	3069	896

RECEIVED
KANSAS CORP COM

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.

Pumped 50 sks of 60/40 cement at 900'. Let set 3 hours. Ran wire line, found cement top at 745. Ran tubing to 710, pumped 250 sks 60/40 cement 6% gel and 50 sks of 60/40. Pulled tubing, ran wire line after four hours found cement at 340'. Ran tubing to 310, pumped 83 sks of 60/40 cement w/6% gel. Circulated hole, pulled tubing.

Plugging complete.

(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.

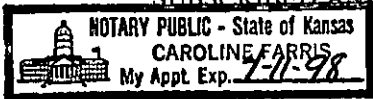
Robin L. Austin (Employee of Operator) or (Operator) of

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) [Signature]

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

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



Caroline Farris
Notary Public

My Commission Expires: 4/11/98