15.165.30161.00.00

STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

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

API NUMBER N/A

LEASE NAME Seelye

WELL NUMBER A-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 Raymond Oil Company, Inc.

SEC. 3 TWP. 16S RGE. 19W (E) or (W)

ADDRESS P.O. Box 167 Lyons, Kansas 67554

COUNTY Rush

PHONE# (316) 257-3161 OPERATORS LICENSE NO. 5046

Date Well Completed 10-66

Character of Well Oil

Plugging Commenced 9-2-92

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

Plugging Completed 9-8-92

The plugging proposal was approved on _____ (date)

by _____ (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 3602'

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS | CASING RECORD

RECEIVED STATE CORPORATION COMMISSION SEP 1 1 1992 CONSERVATION DIVISION Wichita, Kansas

Formation	Content	From	To	Size	Put in	Pulled out
				8 5/8"	1239'	none
				5 1/2"	3601'	2410'

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.

Sanded bottom to 3540' ran 5 sacks cement. Shot pipe @2800', 2700', 2500', 2410'. Down 8 5/8" casing mixed 3 sacks hulls followed with 10 sacks gel then 50 sacks cement, 10 gel, 1 sack hulls relaease plug 100 sacks cement 60/40 poz 6% gel Max Pressure 500#, Shut In 200#.

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

Name of Plugging Contractor KELSO CASING PULLING, INC. License No. 6050

Address P.O. Box 347 Chase, Kansas 67524

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Raymond Oil Company, Inc.

STATE OF Kansas COUNTY OF Rice, ss.

R. Darrell Kelso (Employee of Operator) or (Operator) of 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) R. Darrell Kelso

(Address) P.O. Box 347 Chase, KS. 67524

SUBSCRIBED AND SWORN TO before me this 10 day of September, 1992

Irene Herzberg
Notary Public

My Commission Expires: IRENE HERZBERG State of Kansas My Appt. Exp. Aug. 24, 1993

Form CP-4
Revised 05-88