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

STATE OF Kansas

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

API	NUMBER 15-145-21,286.000

LEASE NAME Beltz

TYPE OR PRINT					
NOTICE: FIII out	completely				
and return to					
office within	30; days.				

WELL	NUMBER	<u>#1</u>

		out <u>c</u>	NT ompletely ons. Div.		IMBER <u>#1</u>	
	fice with				_	Section Line
·				4620	FT. TEOM E	Section Line
LEASE OPERATOR Ramco Oil and Gas	Corpora	tia		SEC. 30	_TWP.20RGE	E. <u>20W</u> (E)or(W)
ADDRESS P.O. Box 99, Belpre, Ohi	io4571	4		COUNTY	Pawnee	
PHONE#(614) 423-9591 OPERATORS L	I CENSE NO) .	3536	Date We	il Completed	l
Character of Well D/A				Pluggin	g Commenced	_9/15/88
(Oll, Gas, D&A, SWD, Input, Water Su	pply Well	>		Pluggin	g Completed	9/15/88
The plugging proposal was approved o	n <u>9</u>	1/15,	/88			(dațe)
byMike Stain				(KC	C District A	gent's Name).
Is ACO-1 filed? Yes If not,	is well l	og a	ttached?_			· · · · · · · · · · · · · · · · · · ·
Producing Formation	Depth	to T	ор	Bott	omT.	D
Show depth and thickness of all wate						
Formation RECEIVED TO THE STATE CORPORATION TO 1998	<u> </u>			ASING RECO	RD	
CCHIEDcamh	TE	- -		<u> </u>	In. d	
Locustion BECELLOSOWINGS.	į · · · - · · · į	To		Put in	Pulled out	•
TATE CORPORATION OF	·{———}	302	8 5/8"	302	none	
061 4 1883	\\		<u> </u>	ļ—————	-	
7 17 1990	((·}		·/ 	
			·		·	
Describe in detail the maister in whi placed and the grathed presenthods us were used, statigichtise character of 50 sack	ch the we ed in int same an	rodu d de	as plugged cing it in pth plac	d, indicat nto the ho ed, from_	ing where th le. If cemen feet to	e mud fluid was t or other plugs feet each set.
50 sack	cs @ 71	5 '				
40_sac	s @ 71	0.				
10_sack	cs 0 4	0'	.15 sac	ks ratho	le	
(If additional descriptio	n is nece	ssar	y, use <u>BA</u>	<u>CK</u> of this	form.)	
Name of Plugging Contractor <u>ALLE</u>	EN DRILL	ING	COMPANY		License No	5418
Address P.O. Box 1389, Great Ber	nd, KS.	6753	30			
NAME OF PARTY RESPONSIBLE FOR PLUGGI	NG FEES:		R	amco Oil	and Gas C	orporation

JOHN A. JOHNSON (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I baye 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.

COUNTY OF _____Barton

(Signature)

___,ss.

ا س	(Address) P.O. Box 1389.Grea	at Bend.KS.6753
SUB MANEED AND IS WORN TO	before me this Noth day of Sopt	.19
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Marie	
State of April Expires 6-16-41	Notary Public	
My Commission Expires:	6-16-91	