

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

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

15-153-05165-00-00

API NUMBER _____

LEASE NAME Mary Depe
Cahoj Unit #52

WELL NUMBER #2

990 Ft. from S Section Line

3630 Ft. from E Section Line

SEC. 17 TWP. 1 RGE. 34 (X)(E) or (W)

COUNTY Rawlins

Date Well Completed _____

Plugging Commenced 8/21/90

Plugging Completed 8/21/90

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, Ks. 67578

PHONE# (316) 234 5191 OPERATORS LICENSE NO. 3911

Character of Well Oil

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

The plugging proposal was approved on 6-19-90 (date)

by Carl Goodrow (KCC District Agent's Name).

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

Producing Formation KC-Lansing Depth to Top 4138 Bottom 4322 T.D. 4403

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
	Surface pipe			8 5/8	367	
KC Lansing	Longstring	4138	4322	5 1/2	4403	1500

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.
Sand back to 4080 w/5 sks common cement on sand w/bailer. Recovered 1500 of casing. Laid out two joints 5 1/2 casing, tied on to 5 1/2 casing. Tied onto 5 1/2 casing. Pumped 125 sks cement blend to load hole. Laid down 5 1/2 casing. Tied on to 8 5/8 casing and sq w/total of 4 sks gel and 300 sks cement blend w/400 lbs. hulls mixed into it.
 additional description is necessary, use BACK of this form.
 max psi 300 lbs. Close in psi 150 lbs. Plug complete

Name of Plugging Contractor Kelso Casing Pulling License No. 6050

Address Chase, Ks.

RECEIVED
 STATE CORPORATION COMMISSION

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: _____

STATE OF Kansas COUNTY OF Stafford, ss.

RAMA Operating Co., Inc. (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) [Signature]

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

SUBSCRIBED AND SWORN TO before me this 5 day of Oct., 19 90

Billie Postier
 Notary Public

My Comm.  **BILLIE POSTIER**
 Notary Public, State of Kansas
 My Appt. Expires Feb. 21, 1992