

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

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

API NUMBER 15-153-05236-00-02

LEASE NAME Cahoj F
Cahoj Unit #35
WELL NUMBER 1

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

2970 Ft. from S Section Line

4290 Ft. from E Section Line

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

COUNTY Rawlins

LEASE OPERATOR RAMA Operating Co., Inc.

ADDRESS P.O. Box 159, Stafford, Ks. 67578

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

Date Well Completed _____

Character of Well Oil EOR

Plugging Commenced 8/22/90

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

Plugging Completed 8/22/90

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 4070 Bottom 4318 T.D. 4389

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
KC-Lansing	Longstring	4070	4318	5 1/2	4389	1600
	Surface pipe			8 5/8	372	

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 4020 w/4 sks common cement on sand w/bailer. Recovered 1600 of 4 1/2 w/ shot at 2100. Sq 4 1/2 w/50 sks cement blend followed w/10 sks gel followed w/250 sks cement blend w/500 lbs. hulls mixed in to max psi 300 lbs. Close in psi 150 lbs. Plug complete

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

Name of Plugging Contractor Kelso Casing Pulling License No. 6050

RECEIVED
STATE CORPORATION COMMISSION

Address Chase, Ks.

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: _____

OCT 10 1990
10-10-90
CONSERVATION DIVISION
Wichita, Kansas

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 Commission Expires Feb. 21, 1992
BILLIE POSTIER
Notary Public - State of Kansas