

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

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

15-153-00087-00-00

API NUMBER _____

LEASE NAME Cahoj B

WELL NUMBER 3 #49

1320 Ft. from S Section Line

1650 Ft. from E Section Line

SEC. 18 TWP. 1 RGE. 34 (E) or (W)

COUNTY Rawlins

Date Well Completed _____

Plugging Commenced 9/11/90

Plugging Completed 9/11/90

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# 816) 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 K.C. Lansing Depth to Top 4050 Bottom 4272 T.D. 4350

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	372	
KC-Lansing	Longstring	4050	4272	5 1/2	4350	

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.
Sq. annulus w/30 sks cement blend psi locked up, blew out head. Sq. 5 1/2 w/75 sks straight cement blend followed w/205 sks cement blend s/500 lbs. hulls mixed into max psi 500 lbs. Close in psi 150 lbs. Plug complete.

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

Name of Plugging Contractor Allied Cementing Co.

Address Russell, Ks.

RECEIVED
 STATE CORPORATION COMMISSION
 License No. _____
 OCT 10 1990

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: _____

STATE OF Kansas COUNTY OF Stafford, ss.

CONSERVATION DIVISION
 Wichita, Kansas

10-10-90

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