

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

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

API NUMBER 15-153-30090-00-01

LEASE NAME Cahoj G

\* Cahoj Unit #56

WELL NUMBER 1

TYPE OR PRINT

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

5100 Ft. from S Section Line

330 Ft. from E Section Line

SEC. 20 TWP. 1 RGE. 34 X(W) or (W)

COUNTY Rawlins

Date Well Completed \_\_\_\_\_

Plugging Commenced 8/21/90

Plugging Completed 8/21/90

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 4152 Bottom 4300 T.D. 4420

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	Surface Pipe ongstring	4152	4300	8 5/8 5 1/2	371 4415	4383

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. Mix and pump through tubing 250 sks cement blend w/500 lbs. hulls mixed in to circulate cement to surface. Also, circulated cement up backside from deep. Closed in backside laid down tubing. Sq 5 1/2 and annulus w/total of 290 sks cement blend 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 Allied Cement

Address Russell

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: \_\_\_\_\_

STATE OF Kansas COUNTY OF Stafford, ss. Wichita, Kansas

RAMA Operating Co., Inc.

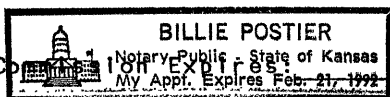
(Employee of Operator) or (Operator) of

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., 1990



Billie Postier  
 Notary Public

RECEIVED  
 STATE CORPORATION COMMISSION  
 OCT 10 1990  
 10-10-90  
 CONSERVATION DIVISION  
 Wichita, Kansas