Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD

Form CP-4 December 2003 Type or Print on this Form Form must be Signed All blanks must be Filled

K.A.R. 82-3-117 Lease Operator: __ Woolsey Operating Company, LLC API Number: <u>15</u> - 007-22781-00-00 HOPKINS "A" 125 N. Market, Suite 1000, Wichita, KS 67202 Lease Name: 1 Phone: (316) 267 -4379 x 107 Operator License #: 33168 Well Number: Spot Location (QQQQ).180'E, 240'N of C- W2 - SW D&A Type of Well:_ Docket #: (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR) Feet from North / South Section Line 11/28/03 The plugging proposal was approved on: _ _(Date) Feet from East / West Section Line Kevin Strube S. R. 13 East West ____ (KCC District Agent's Name) Is ACO-1 filed? ✓ Yes No Barber If not, is well log attached? Yes No County: -11/30/03 (reached TD) Producing Formation(s): List All (If needed attach another sheet) Date Well Completed: ____ Depth to Top: ______ Bottom: _____ T.D. 5010' 12/01/03 Plugging Commenced: -_ Bottom: ___ Depth to Top: ____ _ T.D. _ 12/01/03 Plugging Completed: Depth to Top: ____ __ Bottom: ___ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface Conductor & Production) Formation Content From To Size Put In Pulled Out RECEIVED KANSAS CORPORATION COMMISSI CONSERVATION CIVISION Describe in detail the manner in which the well is 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 depth placed from (bottom), to (top) for each plug set. 1st plug: 600' w/ 50 sx cmt through drill pipe 2nd plug: 290' w/ 50 sx 3rd plug: 40' w/ 15 sx Rat hole: w/ 15 sx Mousehole: w / 10 sx Duke Drilling Co., Inc. Name of Plugging Contractor:___ P.O. Box 823, Great Bend, KS 67530 Woolsey Operating Company, LLC Name of Party Responsible for Plugging Fees: Sedgwick State of Kansas __ County, _ I. Wayne Woolsey, Manager __ (Employee of Operator) or (Operator) on 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 is as filed, and the same are true and correct, so help me God. DEBRAK. CLINGAN 125 N. Market, Suite 1000, Wichita, KS 67202

_ My Commission Expires: _____

Q and SWORN TO before me this <u>28th</u>day of

(Address)_

Debra K. Clingan, Notary Public

NOTARY PUBLIC STATE OF KANSAS

My Appt. Exp.