

STATE OF KANSAS  
STATE CORPORATION  
COMMISSION  
130 South Market Room 2078  
Wichita, Kansas 67202

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

API NUMBER 15-007-~~2098-0004~~ <sup>20926-00-01</sup>

LEASE NAME Powell

WELL NUMBER 1-36 OWWO

990 Ft. from N Section Line

660 Ft. from E W Section Line

RECEIVED

OCT 25 2004

KCC WICHITA

TYPE OR PRINT  
NOTICE: Fill out completely  
and return to Cons. Div.  
office within 60 days.

LEASE OPERATOR Woolsey Petroleum Company

ADDRESS P.O. Box 198, Medicine Lodge, KS 67014

PHONE # 620-886-5606 OPERATOR'S LICENSE NO. 33168

Character of Well good Dry Hole perm 13  
(Oil, Gas, D&A SWD, Input, Water Supply Well) CP-1 ABDMs

The plugging proposal was approved on 7/20/2004 (date)

by Steve Pfeifer (KCC District Agent's Name).

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

Producing Formation \_\_\_\_\_ Depth to Top 4612 Bottom 4630 T. D. 4750

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
				8 5/8	308	None
				4 1/2	4750	3200

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the 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.

7/21-set CIBP at 4600, dump 2 sacks portland with bailer, stretch and cut pipe at 3200

7/22-Lay down 4 1/2 casing, run 2 3/8 tubing to 600', Allied load hole with 10 sacks gel, spot 50 sacks cement, pull tubing to 330', spot 50 sacks cement, pull to 40', fill to surface with 60/40 POZ, 6% jel,

7/24 - top off 1 1/2 yard redi-mix

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

Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Woolsey Petroleum Company

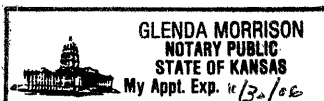
STATE OF Kansas COUNTY of Barber, ss.

John Swinford (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 filled that the same are true and correct, so help me God.

(Signature) John Swinford

(Address) P.O. Box 187, Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 21 day of October, 2004



Glenda Morrison  
Notary Public

My Commission Expires: November 30, 2006

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