

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 15-007-20831-00-00 ⁰¹⁷

LEASE NAME Fulton

TYPE OR PRINT

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

WELL NUMBER 1

660 Ft. from N / S Section Line

1980 Ft. from E / W Section Line

LEASE OPERATOR Woolsey Petroleum Company

SEC. 22 TWP. 32S RGE. 8 (E) or (W)

ADDRESS 125 N. Market, Suite 1000, Wichita, KS 67202

COUNTY Harper

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

Date Well Completed 9/10/1982 ^{4/18/1982}

Character of Well good

Plugging Commenced 4/26/2005

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

Plugging Completed 4/28/2005

The plugging proposal was approved on 4/25/2005 (date)

by Doug Lewis (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top 3406 Bottom 3424 T. D. CIBP @3600

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	272	None
				4 1/2	3812	2579

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.

Set CIBP at 3350', (4/27/05) dump 3 sacks portland cement with dump bailer on plug, stretch and try to cut pipe (4/28/05) cut and pull pipe from 2600', run 1250' tubing, Allied pump 35 sacks, pull 800', pump 35 sacks, pull to 325', pump 125 to surface (4/29/05) top off with 6 sacks quick crete

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

Name of Plugging Contractor Clarke Corporation License No. 5105

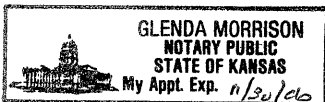
Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

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 9 day of June, 2005

Glenda Morrison
Notary Public

My Commission Expires: November 30, 2006

RECEIVED
JUN 10 2005
KCC WICHITA ^{bm}