

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 15-007-22612 - 00 - 00

LEASE NAME Meyer

TYPE OR PRINT

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

WELL NUMBER D-2

802 Ft. from N (S) Section Line

540 Ft. from E (W) Section Line

LEASE OPERATOR Woolsey Petroleum Company

SEC. 20 TWP. 34S RGE. 13 (E) or (W)

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

COUNTY Barber

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

Date Well Completed 12/27/1999

Character of Well _____

Plugging Commenced 6/3/2005

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

Plugging Completed 6/6/2005

The plugging proposal was approved on 6/2/2005 (date)

by Jerry Stapleton (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top 4082 Bottom 4092 T. D. 4272-4345 *KCC BEM 1-13-06*

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
				10 3/4	310	None
				4 1/2	4324	3300

RBDMS CP2/3

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.

6/3 - Set CIBP at 4030', spot 2 sacks cement with bailer, stretch and cut pipe at 3300'

6/6 - pull pipe, run tubing to 690', Allied load hole with 15 sacks gel, pump 50 sacks cement, pull tubing to 330', pump 70 sacks cement to 40', load hole with 25 sacks 60/40 poz, 4% gel

(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

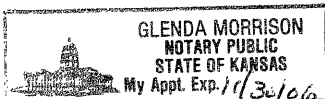
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Woolsey Petroleum Company

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 10 day of January, 2006

Glenda Morrison
Notary Public

My Commission Expires: November 30, 2006

RECEIVED
JAN 13 2006
KCC WICHITA *BEM*