

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 15-007-22604 - 00 - 00

LEASE NAME Spriggs

TYPE OR PRINT

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

WELL NUMBER H-1

330 Ft. from N (S) Section Line

990 Ft. from (E) W Section Line

LEASE OPERATOR Woolsey Petroleum Company

SEC. 29 TWP. 33S 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 10/26/1999

Character of Well D&A Gas

Plugging Commenced 6/16/2005

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

Plugging Completed 6/20/2005

The plugging proposal was approved on 6/15/2005 (date)

by Ken Jehlik (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top 3966 Bottom 3976 T. D. _____

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	255	None
				4 1/2	4345	3450

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.

Lay down rods and tubing, set CIBP at 3918', spot 2 sacks portland cement with dump bailer,

6/17 - cut pipe at 3450', lay down 4 1/2

6/20 - run 2 3/8 to 600', load with 15 sacks jel, pump 50 sacks 60/40 poz, pull to 290', pump 75 sacks, pull to 40'

circulate to surface

(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

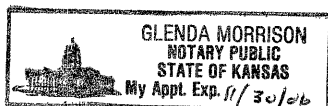
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Woolsey Petroleum Company

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
Bew

KCC
BEM
1-83-04
REDS
CP 2/3