**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 K.A.R. 82-3-117

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

Lease Operator: Woolsey Operating Company, LLC API Number: 15 - 007-22262 - 00 - 00 Baier Address: P.O. Box 3/2, Hays KS 67601 Lease Name: Phone: (620 ) 886 -5606 Operator License #: 33168 Well Number: Type of Well: Gas Spot Location (QQQQ): \_\_\_\_ - 50'W - SE 660 (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR) Feet from North / ✓ South Section Line The plugging proposal was approved on: 2/21/2006 710 Feet from 🗸 East / West Section Line by: Eric macCleren \_ (KCC District Agent's Name) \_S. R. 13 East ✓ West Is ACO-1 filed? ✓ Yes No If not, is well log attached? Yes No Barber County: Producing Formation(s): List All (If needed attach another sheet) 9/18/1989 Date Well Completed: Depth to Top: 4838 Bottom: 4946 T.D. 4946 2/21/2006 Plugging Commenced: Depth to Top:\_ \_ Bottom: \_\_ 2/23/2006 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 То Size Put In Pulled Out 388 8 5/8 None 4 1/2 4838 2900 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. 2/21 - Set CIBP at 4750'. 2-22 - spot 2 sacks cement on CIBP with dump bailer, rig up casing tools, stretch and cut pipe at 2900', pull casing 2/23 - run 2 3/8" tubing to 830', Allied load hole with 10 sacks gel,300# hulls, spot 50 sacks 60/40 poz, 6% gel, pull to 400', spot 50 sacks, pull to 40', load with 15 sacks, operator supervised, top off with 2 yards Redi-mix Name of Plugging Contractor: Clarke Corporation \_\_\_\_\_ License #: 5150 510 Address: P.O. Box 187, Medicine Lodge. KS 67104 RECEIVED KANSAS CORPORATION COMMISSION Name of Party Responsible for Plugging Fees: Woolsey Operating Company, LLC State of Kansas Barber MAR 1 5 2006 John Swinford \_ (Employee of Operator) or (Operator) on above CONSERVATION DIVISIONALLY sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described with the log of same are true and correct, so help me God. GLENDA MORRISON NOTARY PUBLIC STATE OF KANSAS (Address) P.O. Box 187, Medicine Lodge, KS 67104 My Appt. Exp. 11/3 Jol SUBSCRIBED and SWORN TO before me this \_\_\_\_\_day of \_March My Commission Expires: 11/30/06

at