**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 - 007-21087 - 00 - 20 2		
Address: 125 N. Market, Wichita, KS 67202					Lease Name: Doherty			
Phone: (620 ) 886 - 5606 Operator License #: 33168					Well Number:			
Type of Well:  (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other)  The plugging proposal was approved on: 2/16/2006  (If SWD or ENHR)  (Date)					Spot Location (QQQQ): W2 - W2 - SW			
by: Steve Durant (KCC District Agent's Name)								
Is ACO-1 filed? Yes No If not, is well log attached? Yes No					County: Barber			
Producing Formation(s): List All (If needed attach another sheet)					Date Well Completed:			
Depth to Top: 4226 Bottom: 4232 T.D. 4281					Plugging Commenced: 02/17/2006			
Depth to Top: 4237 Bottom: 4246 T.D. 4281					Plugging Completed: 02/21/2006			
Depth to Top: Bottom: T.D								
Show depth and thickness of		formations.	····					
Oil, Gas or Wa				Surface Conductor & Production)				
Formation	Content	From	То	Size		Put In	Pulled Out	
				8 5/8		227	None	
				4 1/2		4298	3300	
hole. If cement or other plue 2/17 - Set CIBP at 4200'.	gs were used, state the 2/20 - spot 2 sacks of with 10 sacks gel	character of sement with d	same depth pla ump bailer, ri	aced from (botto g up tools, str	om), to etch a	o (top) for each plug and cut pipe off 330	no', pull casing. 2/21 - run 2 3/8 to	
							KCC DOL PKT	
Name of Plugging Contractor: Clarke Corporation						License #:_ <del>5150</del>	5105 Per (Pal3	
Address: P.O. Box 187,	Medicine Lodge. ł	(S 67104						
Name of Party Responsible for Plugging Fees: Woolsey Operating Company, LLC						K	RECEIVED  ANSAS CORPORATION COMMISSION	
State of Kansas	County,	Barber		_ , SS.			MAR 1 5 2006	
John Swinford				_ (Employee of	Opera	ator) or (Operator) or	above-described well, being first duly	
sworn on oath, says: That I	have knowledge of the	facts statemen	nts, and matters	s herein contair	ned, ar	nd the log of the abo	ove-Gentler VIII on DIVISION of the WICHITA, KS	
GLENDA MORRISON NOTARY, PUBLIC STATE OF KANSAS (Address) P.O. Box 187, Medicine Lodge, KS 67104								
SUBSURIBED and SWORN TO before me this 13 day of March , 20 06								
(	Alexa	Notary Pub	undy/ lic	Му	Comm	nission Expires:	11/30/06	