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

RECEIVED

Form CP-4

MAR 2 3 2006 Type or Print on this Form Form must be Signed KCC WICHTM blanks must be Filled of CC WICHTM blanks must be

Lease Operator: Woolsey Operating Company, LLC					API Number: 15	- 007-04006 Per Ct
Address: 125 N. Market, Wichita, KS 67202					Lease Name: Meyer	
Phone: (620) 886 - 5606 Operator License #: 33168					Well Number:	
Type of Well: (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) Docket #:					Spot Location (QQQQ): S/2 SW NE	
The plugging proposal was approved on: 2/23/2006 (Date)					Feet from	North / South Section Line
by: Eric Mac Cleren (KCC District Agent's Name)					Feet from	East / West Section Line
Is ACO-1 filed? ✓ Yes No If not, is well log attached? Yes No					Sec. 20 Twp. 34 S. R. 13 East West County:	
Producing Formation(s): List All (If needed attach another sheet) Depth to Top: 4720 Bottom: 4765 T.D. 4981					Date Well Completed: 3/28/1990	
					Plugging Commenced: 2/23/2006	
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D					Plugging Completed: 2/27/2006	
			om:	1.D	33.3	
Show depth and thickness	· · · · · · · · · · · · · · · · · · ·	as formations.				
Oil, Gas or Wa	Content	From To Size			Surface Conductor & Production)	
		7.1011	10	8 5/8	Put In	Pulled Out
				4 1/2	400	None
				4 1/2	5036	2700
		-				
	<u> </u>					,
2/23 - Lay down rods, lay	down 60 joints of 2 retch and cut pipe	e character of 3/8. 2/24 - lay e at 2700', l	same depth y down tubin ay down c	placed from (bottog, set CIBP at 46 asing, 2/27 - r	om), to (top) for each p 30', dump 2 sacks co run tubing, stack c	ement with dump bailer out 770', pull to 750'
Allied load hole with 12 sa	acks gel, 400# hulls,	spot 50 sacks	60/40 POZ	6% gel, pull to 43	30', spot 50 sacks, pu	ıll to 40', load 15 sacks
Name of Plugging Contractor: Clarke Corporation					License #. 510	5
Address: P.O. Box 187,	Medicine Lodge.	KS 67104				
Name of Party Responsible	for Plugging Fees: W	oolsey Ope	erating Cor	npany, LLC		
State of Kansas	County, _	Barber		, SS.		
John Swinford					2	
sworn on oath, says: That I I same are true and correct, s	nave knowledge of the ohelp me God.	facts stateme	nts, and matt	ers herein contain	Operator) or (Operator) ed, and the log of the	on above-described well, being first duly above-described well is as filed, and the
GLENDA MORRI NOTARY PUBLI STATE OF KANS	SON C	(Signature) Sunnyers				
My Appt. Exp. / // 3	0/06	(Address) P.O. Box 187, Mediciné Lodge, KS 6710				
	SUBSCRIBED and S	SWORN TO be	fore me this	20day ofN	/larch	, 20 06
	Heno	Notary Pul	- con	My (Commission Expires:	11/30/06