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

APR 2 0 2006

RECEIVED

Form CP-4 December 2003

KCC WICHTFORM Print on this Form All blanks must be Filled

WELL PLUGGING RECORD

K.A.R. 82-3-117

Lease Operator: Woolsey Operating Company, LLC					API Number:	15 - 095-21868-00-00	KCC PK
Address: 125 N. Market, Wichita, KS 67202					Lease Name:	ohrer GU 4-	20-06
Phone: (620) 886 - 5606 Operator License #: 33168					Well Number: 3	ohrer GU 4- (-1	Intent.
Type of Well: (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) Docket #: (If SWD or ENHR)					Spot Location (QQQQ): 80N100E - S/2 - NW - SW 1730-1763 Feet from North / South Section Line		
The plugging proposal was approved on: 3/21/2006 (Date)					760 46.34 Feet fr	rom East / West	Section Line 4
by: DeWayne Krueger (KCC District Agent's Name)					Sec. 34 Tw	p. 29 S. R. 9	East West
Is ACO-1 filed? ✓ Yes No If not, is well log attached? Yes No					County: Kingman GPS		
Producing Formation(s): List All (If needed attach another sheet)					Date Well Completed: 5/17/2004		
Depth to Top: 4175 Bottom: 4185 T.D. 4238					Plugging Commenced: 03/21/2006		
Depth to Top: Bottom: T.D					Plugging Completed: 03/23/2006		
Depth to Top: Bottom: T.D					Plugging Completed:		
Show depth and thickness	of all water, oil and gas	formations.	\.				
Oil, Gas or Water Records Casing Record (S					Surface Conductor & Production)		
Formation	Content	From	То	Size	Put In	Pulled Out	
				13 3/8	88	None	
				10 3/4	218	None	
				5 1/2	4285	2920	
hole. If cement or other place 3/21 - MIRU, set CIBP at	ugs were used, state the 4125', spot 2 sacks of d load hole with 15	e character of emet with du sacks, 30	same depth pla imp bailer, rig u 0 hulls, pum	aced from (bott up casing tools p 35 sacks (om), to (top) for eac s. 3/22 - stretch ar 60/40 POZ 4% (nd cut pipe at 2920', pull ca gel, pull to 920', spot 35	sing
Name of Plugging Contractor: Clarke Corporation License #: 5105 Address: P.O. Box 187, Medicine Lodge. KS 67104							
Name of Party Responsible	for Plugging Fees: Wo	oolsey Ope	erating Comp	oany, LLC			
State of Kansas	County, _	Barber		_ , ss.			
John Swinford				(Employee of	Operator) or (Opera	ator) on above-described well,	heina firet duly
sworn on oath, says: That I same are true and correct,		facts stateme	ents, and matter	s herein contai	ned, and the log of	the above-described well is as	s filed, and the
GLENDA MORRI NOTARY PUBLI STATE OF KANS. My Appt. Exp. (//s	SON C	(Signature) (Address)P	<i>John</i> . O. Box 187, M	Juntaliedicine Lodge	, KS 67104		
	SUBSCRIBED and S	WORN TO be	efore me this	18day of_	April	,	20 06
	Slend	Notaty Pu	LASON	Му	Commission Expire	s: 11/30/cb	

