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					077 API Number:15 -207 -21283 0000	
Address: 125 N. Market, #1000, Wichita, KS 67202					Lease Name: Warren	
Phone: (620) 886			_		Well Number: 3	
Type of Well: Oil					i .	a): <u>N/2 - SW - NW</u>
(Oil, Gas D&A, SWD, ENF	HR, Water Supply Well, Ca	thodic, Other)		or ENHR)	1650 Feet from	
The plugging proposal	was approved on: 6/18	3/2007		(Date)		
by: Virgel Clothier (KCC District Agent's Name)					Sec. 17 Twp. 31 S. R. 8 East V West Section Line County: Harper	
Is ACO-1 filed? ✓ Yes No If not, is well log attached? Yes No						
Producing Formation(s):					County: Tanpor	07/27/1994
					Date Well Completed: 07/27/1994	
				Plugging Commenced: 06/18/2007 Plugging Completed: 06/21/2007		
Depth to Top: Bottom: T.D						
Show depth and thickne					<u> </u>	
	Water Records	gas iorniations.		sina Pacard (Surface Conductor & Produ	
Formation	Content	From	То	Size	Put In	Pulled Out
				8 5/8	228	None
				5 1/2	4524	3200
				0 1/2	4024	3200
Woolsey set CIBP	plugs were used, state at 4404 (6/18) MIR pipe loose at 32	the character of U (6/19) spot	same depth pla 2 sacks portl ng down (6	ced from (botto and with du 6-21) run 2	om), to (top) for each plu imp bailer on CIBP, 2 3/8 tubing to 1	rig up casing tools 400', Allied load hole
Name of Plugging Contra	_{actor:} Clarke Corpoi	ration			License #: 5105	RECEIVED KANSAS CORPORATION COMMISSIO
Address: P.O. Box	187, Medicine L	odae. KS 6	7104		License #	SEP 2 7 2007
				000000		SEP 2 / 2007
Name of Party Responsible for Plugging Fees: Woolsey Operating Company						CONSERVATION DIVISION
State of Kansas	County	Barber		, ss.		WICHITA: KS
John Swinford				(Employee of	Operator) or (Operator) of	on above-described well, being first duly
sworn on oath, says: Tha	t I have knowledge of t	the facts statemer	nts, and matters	herein contain	ned, and the log of the a	bove-described well is as filed, and the
same are true and correc	MORRISON		Pokas	1		
STATE OF	PUBLIC	(Signature)	John.	28 2000	yero	
My Appt. Exp.	RIS. (1)	(Address) P.O. Box 187, Medicine Lodge, KS 67				
SUBSCRIBED and SWORN TO before me this 26 day of September , 20 0						
	Alex	Notary Pub	luxan iic	Му	Commission Expires:	11/30/10



