

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
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 33168
Name: WOOLSEY OPERATING COMPANY, LLC
Address 1: 125 NORTH MARKET
Address 2: SUITE 1000
City: WICHITA State: KS Zip: 67208 + 1.7.2.9
Contact Person: CARL W. DURR
Phone: (620) 886-5606
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
Is ACO-1 filed? Yes No If not, is well log attached? Yes No
Producing Formation(s): List All (If needed attach another sheet)
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 095-22112-0000
Spot Description: SE NW SE SE Sec. 24 Twp. 29 S. R. 6 East West
900 825 Feet from North / South Line of Section
800 825 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: KINGMAN
Lease Name: SCHLICKAU Well #: 1
Date Well Completed: 08/27/2007
The plugging proposal was approved on: 08/26/2007 (Date)
by: _____ (KCC District Agent's Name)
Plugging Commenced: 08/27/2007
Plugging Completed: 08/27/2007

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out
		surf	10 3/8	242'	

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.

1st plug: 4565' w/ 35 sx cmt
2nd plug: 290' w/ 35 sx
3rd plug: 60' w/ 25 sx
Rat hole: w/ 15 sx

RECEIVED
JUN 29 2011
KCC, WICHITA

Plugging Contractor License #: 33610 Name: FOSSIL DRILLING INC
Address 1: PO BOX 464 Address 2: _____
City: PRATT State: KS Zip: 671247 + _____
Phone: (620) 672-5625
Name of Party Responsible for Plugging Fees: WOOLSEY OPERATING COMPANY, LLC
State of KANSAS County, SEDGWICK, ss.
CARL W. DURR Employee of Operator or Operator on above-described well,
(Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Signature: _____ Date: 06/27/2011

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

AP

KANSAS

CORPORATION COMMISSION

Sam Brownback, Governor, Mark Sievers, Chairman, Ward Loyd, Commissioner, Thomas E. Wright, Commissioner

July 06, 2011

WOOLSEY OPERATING COMPANY, LLC
125 N MARKET STE 1000
WICHITA, KS 67202-1729

RE: API Well No. 15-095-22112-00-00
SCHLICKAU 1
SENWSESE, 24-29S-6W
KINGMAN County, Kansas

Dear Operator:

Upon review of the above referenced well, the following documentation appears to be incomplete pursuant to K.A.R. 82-3-107. The requested information below should be submitted to the KCC to my attention by July 22, 2011 for processing. Failure to submit the requested documentation may be punishable by an administrative penalty pursuant to the General Rules and Regulations for the State of Kansas.

- | | |
|--|---|
| <input checked="" type="checkbox"/> All drilling and completion information. No ACO-1 has been received as of this date. | <input type="checkbox"/> TD and Completion date. (Month, Day, Year) |
| <input type="checkbox"/> Must be notarized and signed. | <input type="checkbox"/> Must have Footages from nearest outside corner of section. |
| <input type="checkbox"/> Must have the ORIGINAL HARD COPY of ACO-1. We do not accept fax copies. | <input type="checkbox"/> Side two on back of ACO-1 must be completed. |
| <input type="checkbox"/> Must be put on new form and typed. | <input type="checkbox"/> Must have final copies of DST's/Charts. |
| <input type="checkbox"/> API # or date when original well was first drilled. | <input type="checkbox"/> All original complete open and cased hole wireline logs run. |
| <input type="checkbox"/> Contractor License #. | <input type="checkbox"/> A copy of geological reports compiled by wellsite geologist. |
| <input type="checkbox"/> Designate type of Well Completion. | <input type="checkbox"/> A copy of all cement job logs showing type, amounts and additives used to cement casing strings, squeeze and/or to plug and abandon. (Note: Cement tickets must be from company providing the cement, not necessarily the contractor.) |
| <input type="checkbox"/> If Workover/Re-entry, need old well information, including original completion date. | <input type="checkbox"/> Any commingling information; File on the ACO-4 form. |
| <input type="checkbox"/> Spud date. (Month, Day, Year) | <input type="checkbox"/> Anything HIGHLIGHTED on ACO-1. |
| <input type="checkbox"/> Other: | |

K.C.C. regulation 82-3-107 provides confidentiality, upon written request, for a period of one year from the date of such letter request. Confidentiality rights are waived if the ACO-1 remains incomplete, or is not timely filed (within 120 days from the well's spud date) including: electric logs, geologist's wellsite reports, driller's logs, and Kansas Geological Survey requested samples.

Do not hesitate to call the Kansas Corporation Commission, Conservation Division, at (316) 337-6200 if there are any questions. PLEASE RETURN THIS FORM AND ANY ENCLOSURES WITH YOUR REPLY. Note: If the intent is incorrect, you need to file a corrected intent.

Sincerely,

STEVE BOND
Production Department