

TYPE OR PRINT

NOTICE: Fill out completely  
and return to Consolidated  
office within 30 days.

1998 APR 15 12:15

LEASE OPERATOR Woolsey Petroleum

ADDRESS P.O. Box 168, Medicine Lodge, KS 67104

PHONE# (316) 886-5606 OPERATORS LICENSE NO. 5509

Character of Well Good

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on \_\_\_\_\_ (date)

by Steve Middleton (KCC District Agent's Name).

Is ACO-1 filed? yes If not, is well log attached? yes

Producing Formation Miss Depth to Top 4688 Bottom 4694 T.D. 4770

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

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
				10-3/4	216	None
				5 1/2	4808	2350

Describe in detail the manner in which the well was 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 and depth placed, from \_\_\_\_\_ feet to \_\_\_\_\_ feet each set lay down rods, tubing, set CIBP at 4640, dump 2sx cement with dump bailor, stretch and cut pipe at 2350, lay down casing. Allied pump 300 hulls, 10 jel, 50 cement, 10 jel, 100 hulls, 150 cement, 60/40 6% jel

(If additional description is necessary, use BACK of this form.)

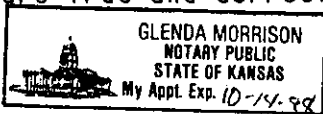
Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Woolsey Petroleum

STATE OF Kansas COUNTY OF Barber, ss.

Alan Vratil (Employee of Operator) or (Operator)  
above-described well, being first duly sworn on oath, says: That I have knowledge of the fact  
statements, and matters herein contained and the log of the above-described well as filed th  
the same are true and correct, so help me God.



(Signature) [Signature]

(Address) Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 14 day of April, 1998

[Signature]  
Notary Public

My Commission Expires: 10/14/98