

STATE OF KANSAS
STATE CORPORATION
COMMISSION
130 South Market Room 2078
Wichita, Kansas 67202

WELL PLUGGING RECORD
K.A.R. 82-3-117

API NUMBER 15-007 10006-0001

LEASE NAME Forester

TYPE OR PRINT

WELL NUMBER 1

NOTICE: Fill out completely
and return to Cons. Div.
office within 60 days.

1320 Ft. from N / S Section Line

1320 Ft. from E / W Section Line

RECEIVED
JAN 21 2003
KCC WICHITA

1-21-03

LEASE OPERATOR Woolsey Petroleum Company

SEC. 4 TWP. 34S RGE. 11 (E) or (W)

ADDRESS 125 N. Market, Suite 1000, Wichita, KS 67202

COUNTY Barber

PHONE # 620-886-5606 OPERATOR'S LICENSE NO. 5506

Date Well Completed _____

Character of Well good

Plugging Commenced 1/3/2003

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

Plugging Completed 1/6/2003

The plugging proposal was approved on 1/3/2003 (date)

by Richard Lacy (KCC District Agent's Name).

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

Producing Formation Miss Depth to Top 4504 Bottom 4526 T. D. 4620

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
				8 5/8	247	None
				4 1/2	4620	1950

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the 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.

Set CIBP at 4450', dump 2 sacks portland cement with dump bailer, stretch and cut 4 1/2 at 1950, lay down 4 1/2, run 2 3/8 to 600', Allied load hole with 10 jel and spot 50 sacks cement, pull 2 3/8 to 280' and spot 50 sacks, pull 2 3/8 to 60' and circulate to surface, lay down 2 3/8, 60/40, 6%

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

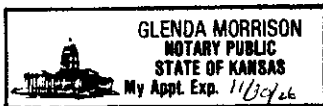
Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Woolsey Petroleum Company

STATE OF Kansas COUNTY OF Barber, ss.

Alan Vratil (Employee of Operator) or (Operator) of above described well, 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 as filled that the same are true and correct, so help me God.



(Signature) [Handwritten Signature]

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

SUBSCRIBED AND SWORN TO before me this 16 day of January, 2003

[Handwritten Signature]
Notary Public

My Commission Expires: November 30, 2006

OR