

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

K.A.R. 82-3-117

15-
API NUMBER 007-22-388-80-00

RECEIVED
KANSAS CORP. COM. DIV.

1999 JUL 21 A 11:40
7-21-99

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

LEASE NAME Lawrenz

WELL NUMBER #1 Twin

1985 Ft. from N/S Section Line

990 Ft. from E/W Section Line

SEC. 9 TWP. 30 RGE. 13 ~~XXXX~~ (W)

COUNTY Barber

Date Well Completed _____

Plugging Commenced 7-8-99

Plugging Completed 7-14-99

LEASE OPERATOR Woolsey Petroleum Corp.

ADDRESS 1966 SE Rodeo Dr., P.O. Box 168, Medicine Lodge

PHONE# 316 886-5606 OPERATORS LICENSE NO. 5506

Character of Well Good

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

The plugging proposal was approved on 7-8-99 (date)

by Kevin Strube (KCC District Agent's Name).

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

Producing Formation Miss Depth to Top 4418 Bottom 4560 T.D. 4639 ^{PBTD}

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
				13 3/8	108	None
				8 5/8	1024	None
				5 1/2	4692	3400

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.

Lay down rods and tubing, sand well back to 4340, dump 5sx portland cement with dump bailor, stretch and cut pipe at 3400, lay down 5 1/2 casing, Allied pump 300 hulls, 10sx jel, 50 cement, 10 jel, 100 hulls, 100sx cement, 60/40 6%

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

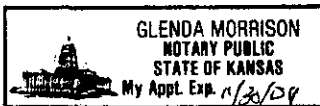
Name of Plugging Contractor Clarke Corporation License No. 5105

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

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Woolsey Petroleum

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 filed that the same are true and correct, so help me God.



(Signature) [Signature]

(Address) Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 19 day of July, 19 99

[Signature]
Notary Public

My Commission Expires: 11/30/04

[Handwritten Mark]