

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 15-007-20810-00-00

LEASE NAME Antrim

WELL NUMBER A-2

660 Ft. from N/S Section Line

660 Ft. from E/W Section Line

SEC. 30 TWP. 32 RGE. 8 ~~XXXX~~ (W)

COUNTY Harper

Date Well Completed _____

Plugging Commenced 3-1-99

Plugging Completed 3-3-99

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

LEASE OPERATOR Woolsey Petroleum Company

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

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 3-1-99 (date)

by Butch Hobright (KCC District Agent's Name)

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

Producing Formation Stalnaker Depth to Top 3668 Bottom 3716 T.D. 4037

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	253	None
				4 1/2	4049	2600

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, push 4 1/2 wiper plug to 3700, sand well back to 3560, dump 4sx cement with dump bailer, stretch and cut pipe at 2600, lay down 4 1/2 casing, run 2 3/8 tubing to 1320 load hole and spot 35sx cement, pull tubing to 818 and spot 35sx cement pull tubing to 310 and circulate cement to surface. 60/40 4%jel lay down tubing

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

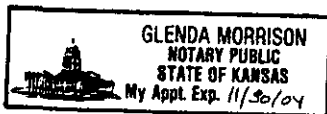
Name of Plugging Contractor Clarke Corporation License No. 5105

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



(Signature) Alan Vratil

(Address) Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 3 day of March, 1999

Glenda Morrison

Notary Public

My Commission Expires: 11/30/04