

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/5-007-22633-0000

LEASE NAME Bouziden Trust

TYPE OR PRINT

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

WELL NUMBER 2

760 Ft. from N / S Section Line

1880 Ft. from E / W Section Line

RECEIVED  
SEP 04 2002  
9-4-02  
KCC WICHITA

LEASE OPERATOR Woolsey Petroleum Company

SEC. 13 TWP. 34S RGE. 14 (E) or (W)

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

COUNTY Barber

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

Date Well Completed \_\_\_\_\_

Character of Well Good

Plugging Commenced 8/22/2002

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

Plugging Completed 8/26/2002

The plugging proposal was approved on 8/22/2002 (date)

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

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

Producing Formation KC Depth to Top 4153 Bottom 4159 T. D. CIBP @ 5170

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	259	None
				4 1/2	5398	3500

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, set CIBP at 4100, dump 2sx portland cement with dump bailer, stretch and cut 4 1/2 at 3500, lay down 4 1/2, run 2 3/8 to 600, load hole with jel and spot 50sx, pull 2 3/8 to 300 and spot 75sx, pull 2 3/8 to 40 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

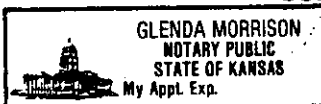
STATE OF Kansas COUNTY of Barber, ss.

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 27 day of August 2002



[Handwritten Signature]  
Notary Public

My Commission Expires: November 30, 2002

OR