## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

## **WELL PLUGGING APPLICATION**

Please TYPE Form and File ONE Copy

Form CP-1 September 2003 This Form must be Typed Form must be Signed All blanks must be Filled

API # 15 - 007-22604-00-00	(Identifier Number of this well).	This must be listed for wells drilled	since 1967; if no API # was	isśued,
indicate original spud or completion date 10/26/5	9		,	1/1
Well Operator: Woolsey Operating Company, LLC		KCC License #: 33168		<i>y</i> 0\
Address: 125 N. Market Suite 1000	wner / Company Name)	<sub>City:</sub> Wichita	(Operator's)	
State: Kansas	Zip Code: 67202	Contact Phone: (620 ) 8	86 - 5606 Ext 27	
		Sec. 29 Twp. 33	S. R. 13 East	<b>✓</b> West
SW - SE - SE -		<sub>ty:</sub> Barber		
Feet (in exact footage) From Check One: Oil Well Gas Well  SWD Docket #  Conductor Casing Size: 10 3/4" 32.75#  Production Casing Size: 4 1/2" 10.5#  List (ALL) Perforations and Bridgeplug Sets: 396  Elevation: 1740' (G.L/ [K.B.) T.D.: 43	D&A Cathodic ENHR Docket #	water Supply Well  Cemented with:  Cemented with:  Cemented with:  Cemented with:  Cemented with:	ction (Not Lease Line)	_ Sacks _ Sacks _ Sacks
Proposed Method of Plugging (attach a separate page)		onk in Hole  Der KCC district #2 recomend	RECEIVEE	— <u>`</u>
Is Well Log attached to this application as required		d? ✓ Yes No	APR 2 9 2005 KCC WICH	
Address: Medicine Lodge, KS  Proposed Date and Hour of Plugging (if known?):  Payment of the Plugging Fee (K.A.R. 82-3-118) v	to be in charge of plugging operation  Company Name)  will be guaranteed by Operator or A	Carl W. Durr  Phone: (620 ) 886 -  City / State: Medicine Lod  KCC License #: 5665 S  Phone: (620 ) 886	5606 Ext 27	n. 
Date: 4/27/05 Authorized Operato	r / Agent:	(Signature)		