

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

RECEIVED

OCT 29 2001  
18-29-01  
KCC WICHITA

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

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

API NUMBER 15-033-210630000

LEASE NAME Woolfolk

WELL NUMBER B-1

2085 Ft. from N / S Section Line

1845 Ft. from E / W Section Line

LEASE OPERATOR Daystar Petroleum, Inc.

ADDRESS 1321 W. 93<sup>rd</sup> North, Valley Center, KS 67147-9136

PHONE # 316-755-3523 OPERATOR'S LICENSE NO. 30931

Character of Well Good

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

The plugging proposal was approved on 10/12/2001 (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 5127 Bottom 5486 T. D. 5600 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
				8 5/8	629	None
				4 1/2	5967	4000
				20	57	None

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 5050, dump 2sx portland cement with dump bailer, stretch and cut 4 1/2 at 4000, lay down 4 1/2, 10/19/2001, Allied Pump 30 hulls, 10 jell, 50 cement, 10 jell, 100 hulls, 8 5/8 wiper, 150 cement, 60/40, 6% jell

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

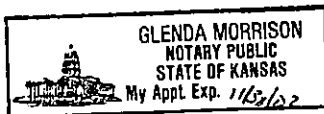
Name of Plugging Contractor Clarke Corporation License No. 5105

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

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Daystar Petroleum, Inc.

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 25 day of October, 2001

[Handwritten Signature]  
Notary Public

My Commission Expires: November 30, 2002

OR