

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 15-151-20968-00-00

LEASE NAME Lherling Daughters

TYPE OR PRINT

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

WELL NUMBER 1

1800 Ft. from N/S Section Line

1980 Ft. from E/W Section Line

LEASE OPERATOR Woolsey Petroleum Company

SEC. 19 TWP. 27 RGE. 11 ~~XXXX~~ (W)

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

COUNTY Pratt

PHONE# 316 886-5606 OPERATORS LICENSE NO. 5506

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

Character of Well Good

Plugging Commenced 2/8/99

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

Plugging Completed 2/10/99

The plugging proposal was approved on 2/8/99 (date)

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

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

Producing Formation N/A Depth to Top 3313 Bottom 3318 T.D. 3350 CIPB @

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	215	None
				8 5/8	880	None
				5 1/2	487	1940

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.

Sand well back to 3220, dump 5sx Portland cement with dump bailer, stretch and cut pipe at 1940, lay dow casing. Allied pump 300 hulls, 10 jel, 50sx cement; 10 jel, 100 hulls, 8 5/8 wiper and 100sx cement. 60/40 6% jel.

(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) [Handwritten Signature]

(Address) Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 13 day of February

[Handwritten Signature]  
Notary Public

My Commission Expires: 11/30/04

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