

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 15-151-21416-00-00

LEASE NAME Swisher

TYPE OR PRINT

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

WELL NUMBER B-1

990 Ft. from N / S Section Line.

1980 Ft. from E / W Section Line

RECEIVED
MAR 18 2002
KCC WICHITA

LEASE OPERATOR Woolsey Petroleum Company

ADDRESS 125 N. Market, Suite 1000, Wichita, KS 67202

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

Character of Well good

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

The plugging proposal was approved on 3/12/2002 (date)

by Scott Aldley (KCC District Agent's Name).

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

Producing Formation Mississippi Depth to Top 4313 Bottom 4332 T. D. 4515

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	250	None
				5 1/2	4562	1750

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 4250, dump 2 sx portland cement with dump bailer, stretch and cut 5 1/2 at 1750,

Lay down 5 1/2, run 2 3/8 to 600, load hole with jel, spot 50sx, pull 2 3/8 to 280 and spot 70sx, pull 2 3/8 to 60 and circulate cement to surface, lay down 2 3/8, 60/40, 6% jel

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

Name of Plugging Contractor Clarke Corporation License No. 5105

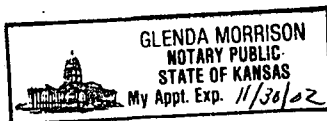
Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Woolsey Petroleum 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) Alan Vratil

(Address) P.O. Box 187, Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 15 day of March, 2002

Glenda Morrison
Notary Public

My Commission Expires: November 30, 2002

CR