

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

15-095-01278-00-06

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
130 S. MARKET, ROOM 2078  
WICHITA, KS 67202

RECEIVED

SEP 05 2002  
9-5-2002  
KCC WICHITA

TYPE OR PRINT  
NOTICE: Fill out Completely  
and return to coms. div.  
office within 30 days.

API NUMBER \_\_\_\_\_  
LEASE NAME Woolridge  
WELL NUMBER B-1  
990 ft. from S Section Line  
1650 ft. from E Section Line

LEASE OPERATOR Oil Producers, Inc. of Kansas

SEC. 16 TWP. 27 RGE. 7 (E) or (W)  
COUNTY Kingman

ADDRESS Box 8647, Wichita, KS 67208

PHONE # (620 ) 672-6373 OPERATORS LICENSE NO. 8061

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

Character of well oil

Plugging Commenced 8/8/02

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

Plugging Completed 8/9/02

The plugging proposal was approved on 8/8/02 (date)

by Doug Louis (XCC District Agent's Name)

Is ACO-1 filed? yes if not, Is well log attached? not available to us

Producing Formation \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. 3925

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	192	none
				4 1/2	3924	1520

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or 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 at 3791, bailed 4 sacks cement. Shot pipe at 2834, 2019, 1520, work free. Pull to 1150, pump 35 sacks cement. Pull to 650, pump 35 sacks cement. Pull to 250, circulate cement to surface. Lay rest of pipe down.

Name of Plugging Contractor Quality Well Service, Inc. License No. 31925

Address 401 West Mail, Lyons, KS 67554

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Oil Producers, Inc. of Kansas

STATE OF Kansas COUNTY OF Sedgewick, ss.

John L. Wein (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.

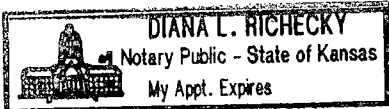
(Signature) John L. Wein

(Address) P.O. Box 8647 Wichita, KS 67208

SUBSCRIBED AND SWORN TO before me 4th day of September, 2002

Diana L. Richecky  
Notary Public

My commission Expires: Jan 12, 2004



Form CP-4  
Revised 05-88

OR