

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

RECEIVED
NOV 08 2002
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 15-095-20223-60-00
LEASE NAME Clouse-Kostner
WELL NUMBER 1
1650 Ft. from N / S Section Line
1980 Ft. from E / W Section Line

LEASE OPERATOR Woolsey Petroleum Company
ADDRESS P.O. Box 168, Medicine Lodge, KS 67104
PHONE # 620-886-5606 OPERATOR'S LICENSE NO. 5506

SEC. 24 TWP. 28S RGE. 6 (E) or (W)
COUNTY Kingman
Date Well Completed _____
Plugging Commenced 10/2/2002
Plugging Completed 10/30/2002

Character of Well Good

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

The plugging proposal was approved on 10/21/2002 (date)

by Jack Luthie (KCC District Agent's Name).

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

Producing Formation Miss Depth to Top 3864 Bottom 3897 T. D. 3897

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	252	None
				5 1/2	3875	2750

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 3814, dump 2 sx portland cement with dump bailer, stretch and cut 5 1/2 at 2750

Lay down 5 1/2, run 2 7/8 to 800', load hole and spot 35 sx, pull 2 7/8 to 350 and circulate to surface lay down 2 7/8, 60/40, 4% 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.

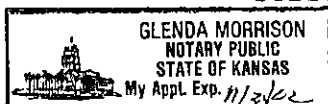
Alan Vratil (Employee of Operator) or (Operator) of above described well, being first

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) [Handwritten Signature]

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

SUBSCRIBED AND SWORN TO before me this 4 day of November 2002



[Handwritten Signature]
Notary Public

My Commission Expires: November 30, 2002

OR