

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
200 Colcord Building  
Wichita, Kansas 67202

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

API NUMBER 15-055-21449.0000

LEASE NAME DAVIS

DEC 06 1999

TYPE OR PRINT  
NOTICE: Fill out completely  
and return to Cons. Div.  
office within 30 days.

WELL NUMBER #1

4290 Ft. from S Section Line

990 Ft. from E Section Line

CONSERVATION DIVISION  
WICHITA, KS

LEASE OPERATOR WOOLSEY PETROLEUM CORPORATION

SEC. 9 TWP. 21 RGE. 34 (S or W)

ADDRESS 1966 SE RODEO DRIVE RD. P.O. BOX 168 MEDICINE LODGE

COUNTY FINNEY

PHONE# (316) 886-9836 OPERATORS LICENSE NO. KANSAS 67104  
5506

Date Well Completed 1/12/96

Character of Well GAS

Plugging Commenced 10/1/99

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

Plugging Completed 10/1/99

The plugging proposal was approved on 9/27/99 (date)

by N/A (KCC District Agent's Name).

Is ACO-i filed? YES If not, is well log attached? \_\_\_\_\_

Producing Formation WINFIELD & KRIDER Depth to Top 2590' Bottom 2654' T.D. 2800'

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
WINFIELD & KRIDER	WATER & GAS	SURFACE	223	8 5/8"	223	-0-
		SURFACE	2799	4 1/2"	2799	-0-

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 plug were used, state the character of same and depth placed, from feet to feet each set. From surface pumped down 4 1/2" casing, 200# cotton seed hulls & 150 sx 60/40 poz mix + 6% gel. Initial shut-in pressure 500 psi. Next day cmt had dropped to 60' below surface. Fill w/ sand and cap w/ 1 sx portland cmt.

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

Name of Plugging Contractor ALLIED CEMENTING License No. \_\_\_\_\_

Address P.O. BOX 368 - MEDICINE LODGE - KANSAS 67104

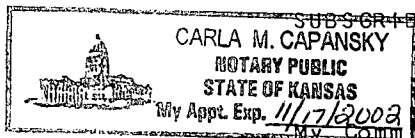
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: WOOLSEY PETROLEUM CORPORATION

STATE OF KANSAS COUNTY OF BARBER, ss.

CARL W. DURR (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 the the same are true and correct, so help me God.

(Signature) Carl W. Durr

(Address) P.O. Box 168 Medicine Lodge KS 67104



SUBSCRIBED AND SWORN TO before me this 3 day of December, 1999

Carla M. Capansky  
Notary Public

Commission Expires: 11/17/2002