STATE O. KANSAS STATE CORPORATION COMMISSION 130 South Market Room 2078		WELL PLUGGING RECORD K.A.R. 82-3-117			API NUMBER 15097-1021 ZIO ZI - 000		
wichita, Kansas 67202							
}		TYPE OR PRINT		WELL NUMBER D-1			
	and retu	NOTICE: Fill out <u>completely</u> and return to Cons. Div. office within 60 days.			2180 Ft. from N/S Section Line		
	office				600 Ft. from E/W Section Line		
LEASE OPERATOR Woolsey Petroleum			SE	SEC. 1 TWP. 30 RGE. 18 XXEXXor (W			
ADDRESS 1966 SE Rodeo Dri	ve Rd., Medicine Lo	dge, KS 6	7104 cod	JNTY Kiot	va		
PHONE# 316 886-5606 OPERATORS LICENSE NO. 5506				Date Well Completed			
Character of Well <u>Good</u>				Plugging Commenced 4-23-99			
(Oil, Gas, D&A, SWD, Input, Water Supply Well)				Plugging Completed <u>4-28-99</u>			
The plugging proposal was approve	d on <u>4-23-99</u>		 -		(c	late	
bySteve Middel	ton	 			(KCC District Agent's Na	me)	
's ACO-1 filed? yes If no	t, is well log attached? _	yes					
Producing Formation <u>N/A</u>	De	epth to Top	4312	_ Bottom34	<u>420</u> т.в. <u>3496</u>		
Show depth and thickness of all wa							
OIL, GAS OR WATER RECORDS		C.	ASING RECORD				
formation Content	From	То	Size	Put in	Pulled out		
			8 5/8 4 ₂	485 3712	None 2700	_	
Describe in detail the manner in a ducing it into the hole. If cemer each set. Sand hole back to 3320, of down casing. Allied pump 150sx cement 60/40 6% j	nt or other plugs were used dump 4sx cement with o 300 hulls, 10sx je	, state the d	charactor of sa	me and depth ch and cut	placed, fromfeet to; t pipe at 2700, lay	feet	
	(If additional description	on is necessa	ry, use BACK or	f this form.)			
Name of Plugging Contractor(Clarke Corporation				_ License No. <u>5105</u>		
Address P.O. Box 187, 107	W. Fowler, Medicine						
NAME OF PARTY RESPONSIBLE FOR PLUG	GING FEES: Wool	sey Petro	leum				
STATE OF Kansas	COUNTY OF Barber		, ss.				
Alan Vratil	(F	Employee of O	perator) or (O	perator) of a	bove described well, being fir	st	
duly sworn on oath, says: That I is described well as filed that the sa	-	-	-	herein contai	ned and the log of the above-		
, GLENDA MORRIS	ON	(Signa	ture)	2/			
MOTARY PUBLIC STATE OF KANS/ My Appl. Exp. 1//30		(Address) <u>Medicine Lodge, KS 67104</u>					
	SUBSCRIBED AND SWORN TO bef	ore me this	. /	_	, 19 <u>99</u>		
RECHAPA	 Han		Alend	- Dan	-von	<u></u>	
	dy Commission Expires: 1	.1/30/04	. NC				
MAY 0.5 1999	5-399				Form CD.	,	

CONSERVATION DIVISION Wichita, Kansas Form CP-4 Revised 05-88