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 15-007-22768 - DO-00

LEASE NAME Bennett

WELL NUMBER 1

2420 Ft. from N / S Section Line

2150 Ft. from E / W Section Line

LEASE OPERATOR Woolsey Petroleum Company

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

PHONE # 620-886-5606 OPERATOR’S LICENSE NO. 3340

Character of Well good

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

The plugging proposal was approved on 5/10/2005

by Steve Durant (KCC District Agent’s Name).

Plugging Commenced 5/11/2005

Plugging Completed 5/12/2005

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

Producing Formation Depth to Top 4282 Bottom 4330 T. D. CIBP @4450

Show depth and thickness of all water, oil and gas formations.

OIL, GAS, OR WATER RECORDS

CASING RECORD

<table>
<thead>
<tr>
<th>Formation</th>
<th>Content</th>
<th>From</th>
<th>To</th>
<th>Size</th>
<th>Put in</th>
<th>Pulled out</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10 3/4</td>
<td>267</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4 1/2</td>
<td>4826</td>
<td>3200</td>
</tr>
</tbody>
</table>

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.

Set CIBP at 4240’, dump 2 sacks portland cement with dump bailer, stretch and cut pipe at 3200, (5/12/05) pull casing, run tubing to 600’, Allied pump 10x6 gel to load, 50 sx cement, pull to 270’, pump 60 sx, pull to 40’, pump 60/40 poz, 4% jel to surface (5/13/05) top off with quick crete

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

John Swinford (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) John Swinford

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

SUBSCRIBED AND SWORN TO before me this 9 day of June, 2005

My Commission Expires: November 30, 2006

GLENDA MORRISON
NOTARY PUBLIC
STATE OF KANSAS
My Aplg. Exp. 11/13

RECEIVED
JUN 10 2005
KCC WICHITA