**WELL PLUGGING RECORD**

**K.A.R.**-82-3-117

**STATE OF KANSAS**
**STATE CORPORATION COMMISSION**
**200 Colorado Derby Building**
**Wichita, Kansas 67202**

**API NUMBER** 15-1632212-00-00

**LEASE NAME** MWM (COS)

**WELL NUMBER** I-5

**Address** 107 N. Market - #600 - Wichita, KS. 67202

**PHONE** (316) 267-4379  **OPERATORS LICENSE NO.** 5506

**Character of Well** Oil


**The plugging proposal was approved on** 10/10/96 **(date)**

**by** Dennis Hamel **(KCC District Agent's Name).**

**Is ACQ-1 filed?** Yes **If not, is well log attached?**

**Producing Formation** Arbuckle **Depth to Top** 3280' **Bottom** 3284' **T.D. 3284'**

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

<table>
<thead>
<tr>
<th><strong>Formation</strong></th>
<th><strong>Content</strong></th>
<th><strong>From</strong> GL</th>
<th><strong>To</strong> GL</th>
<th><strong>Size</strong></th>
<th><strong>Put In</strong> GL</th>
<th><strong>Pulled Out</strong></th>
</tr>
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<tbody>
<tr>
<td>Arbuckle</td>
<td>Oil - Water</td>
<td>1222'</td>
<td>3282'</td>
<td>5 3/8&quot;</td>
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**OIL, GAS OR WATER RECORDS**

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**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. Pump down 5 3/8" casing as follows: 10 sacks 60/40 poz + 10% gel, 400# hulls + 265 sacks 60/40 poz + 10% gel. Cement from 4031' to 259' - hulls from 259' to 142' - cement from 142' to surface.**

**Name of Plugging Contractor** Plainville Oil Well Service **License No.** 7251

**Address** P.O. Box 364 Plainville, KS. 67663

**NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES:** Woolsey Petroleum Corp

**STATE OF**  **COUNTY OF**

**Carl W. Dorr**

(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)**

**Address** P.O. Box 168 Medicine Lodge, KS. 67104

**SUBSCRIBED AND SWORN TO before me this** 9th day of October, 1996

**Notary Public**

**Expiration:** 3-25-98