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 15-007-22612 - 00 - 00

TYPE OR PRINT

NOTICE: Fill out completely and return to Cons. Div. office within 60 days.

LEASE NAME Meyer

WELL NUMBER D-2

SEC. 20 TWP. 34S RGE. 13 (E) or (W)

COUNTY Barber

Date Well Completed 12/27/1999

Plugging Commenced 6/3/2005

Plugging Completed 6/6/2006

802 Ft. from N Section Line

540 Ft. from E Section Line

LEASE OPERATOR Woolsey Petroleum Company

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

PHONE # 620-886-5606 OPERATOR'S LICENSE NO. 33168

Character of Well

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

The plugging proposal was approved on 6/2/2005

by Jerry Stapleton (KCC District Agent's Name).

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

Producing Formation Depth to Top 4082 Bottom 4092 T.D. 4272

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

OIL GAS OR WATER RECORDS

Casing Record

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<th>Formation</th>
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<td>310</td>
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<td>4 1/2</td>
<td>4324</td>
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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.

6/3 - Set CIBP at 4030', spot 2 sacks cement with bailer, stretch and cut pipe at 3300' 6/6 - Pull pipe, run tubing to 690', Allied load hole with 15 sacks gel, pump 50 sacks cement, pull tubing to 330', pump 70 sacks cement to 40', load hole with 25 sacks 60/40, 4% gel

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

Name of Plugging Contractor Clarke Corporation

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.

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 10 day of January, 2006

(Notary Public)

My Commission Expires: November 30, 2006