



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1047155

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
---	---

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
-----------------------------------	-----------	---------	-------------	---------------	---------

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	---	--

Form	ACO1 - Well Completion
Operator	Woolsey Operating Company, LLC
Well Name	MOLZ 2
Doc ID	1047155

All Electric Logs Run

Compensated Density/Comp Neutron PE
Dual Induction
Sonic
Micro
Sonic Cement Bond

ALLIED CEMENTING CO., LLC. 041384

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Medicine Lodge, KS

DATE <u>8-22-10</u>	SEC <u>28</u>	TWP <u>34</u>	RANGE <u>11</u>	CALLED OUT	ON LOCATION	JOB START <u>2:30 AM</u>	JOB FINISH <u>3:00 AM</u>
LEASE <u>M012</u>	WELL # <u>2</u>	LOCATION <u>Rattlesnake Rd.</u>			COUNTY <u>Butler</u>	STATE <u>Kansas</u>	
OLD OR (NEW) (Circle one) <u>NEW</u>				<u>2 1/4 east N/S</u>			

CONTRACTOR VAI #3

TYPE OF JOB Surface

HOLE SIZE 14 3/4 T.D. (206') 219'

CASING SIZE 10 3/4 DEPTH 206'

TUBING SIZE 13' 8 5/8 DEPTH

DRILL PIPE LT DEPTH

TOOL DEPTH

PRES. MAX 300 MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT 19 1/2 Bbls Fresh

OWNER Woolsey Operating

CEMENT AMOUNT ORDERED

220 5x Class A + 37.4 + 27.6 = C

75 5x Class A + 37.0

EQUIPMENT

PUMP TRUCK # 414-265 CEMENTER Carl Balding

BULK TRUCK # 421 DRIVER Tom Becker

BULK TRUCK # DRIVER

COMMON	<u>A 295 5x @ 15 45</u>	<u>4557 75</u>
POZMIX	@	
GEL	<u>4 5x @ 20 00</u>	<u>83.20</u>
CHLORIDE	<u>11 5x @ 58.20</u>	<u>640.20</u>
ASC	@	
HANDLING	<u>310 @ 2.40</u>	<u>744.00</u>
MILEAGE	<u>310 / 10 / 15</u>	<u>465 00</u>
TOTAL		<u>6490.15</u>

WELL FILE

Regulatory Correspondence @

Drig Comp Workovers @

Tests / Meters Operations @

REMARKS:

Loss circulation 180'

Drill to 220'

Run 203' 10 3/4 + 13' 8 5/8 LT

Run Bucket 80' from surface

Mix 220 5x A 3+2

Top off with 75 5x A + 37.0

Cement to surface + shut in.

Thank you

CHARGE TO: Woolsey Operating

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB 219'

PUMP TRUCK CHARGE 1018 00

EXTRA FOOTAGE @

MILEAGE 15 @ 7 00 105 00

MANIFOLD @

TOTAL 1123 00

PLUG & FLOAT EQUIPMENT

1-Basket @ 266 00

TOTAL 266 00

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any)

TOTAL CHARGES ~~1123 00~~

DISCOUNT IF PAID IN 30 DAYS

PRINTED NAME MIKE JAHAR

SIGNATURE [Signature]

SEP 23 2010

ALLIED CEMENTING CO., LLC. 041388

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Medicine Lodge

DATE <u>9-1-2010</u>	SEC. <u>28</u>	TWP. <u>34</u>	RANGE <u>11</u>	CALLED OUT	ON LOCATION <u>5:30 PM</u>	JOB START <u>9:10 PM</u>	JOB FINISH <u>9:50 PM</u>
LEASE <u>M612</u>	WELL # <u>2</u>	LOCATION <u>Rattle Snake Rd.</u>		COUNTY <u>Barber</u>	STATE <u>Kansas</u>		
OLD OR NEW (Circle one) <u>NEW</u>		<u>2 1/4 east north into</u>					

CONTRACTOR V/AI #3

TYPE OF JOB Production

HOLE SIZE 7 7/8 T.D. 5300+

CASING SIZE 4 1/2 x 11.6 DEPTH 5180'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 1500 MINIMUM _____

MEAS. LINE _____ SHOE JOINT 46'

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 80 Bbls 2% KCL water

EQUIPMENT

PUMP TRUCK # 340-265 CEMENTER Carl Balding

BULK TRUCK # 363-250 DRIVER Tom Becker

BULK TRUCK # _____ DRIVER GB

OWNER Woolsey Operating

CEMENT AMOUNT ORDERED 9 Gals Clapper

85 sx 60:40:4% GEL + 1/4 Floseal

200 sx Class H + 10% Gypseal 10% Salt

6" Kalseal - 8% FI-160 + 1/4 Floseal

COMMON	<u>51 sx A</u>	@	<u>15.45</u>	<u>787.95</u>
POZMIX	<u>34 sx</u>	@	<u>8.00</u>	<u>272.00</u>
GEL	<u>3 sx</u>	@	<u>20.80</u>	<u>62.40</u>
CHLORIDE		@		
ASC		@		
H	<u>200 sx</u>	@	<u>16.75</u>	<u>3350.00</u>
Salt	<u>22 sx</u>	@	<u>12.00</u>	<u>264.00</u>
Gypseal	<u>19 sx</u>	@	<u>29.20</u>	<u>554.80</u>
Kalseal	<u>1200 #</u>	@	<u>-.89</u>	<u>1068.00</u>
FI-160	<u>150 #</u>	@	<u>13.30</u>	<u>1995.00</u>
Floresal	<u>71.25</u>	@	<u>2.50</u>	<u>178.12</u>
HANDLING	<u>359</u>	@	<u>2.40</u>	<u>861.60</u>
MILEAGE	<u>359/10/15</u>	@		<u>538.50</u>
				TOTAL <u>9932.38</u>

REMARKS:

Run 5180' 4 1/2 casing circulate on bottom for 1 hour

plug bit + mouse with 25 sx 60:40:4

Mix 60 sx 60:40:4 + 1/4 Floseal as scavenger slurry + mix 200 sx Class H + additives, wash out Pump + lines + Release plug Displace with 80 Bbls 2% KCL water Land plug + float ball

WELL FILE
Regulatory Correspondence
Drig Comp Workovers
Tests / Meters Operations

SERVICE

DEPTH OF JOB	<u>5180'</u>		
PUMP TRUCK CHARGE	<u>2185.00</u>		
EXTRA FOOTAGE		@	
MILEAGE	<u>15</u>	@	<u>7.00</u> <u>105.00</u>
MANIFOLD		@	
		@	
		@	
TOTAL <u>2290.00</u>			

CHARGE TO: Woolsey Operating

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

1-AFU Float Shoe	@	<u>205.00</u>
1-Latch Down plug	@	<u>145.00</u>
7-Turbolizers	@	<u>37.80</u> <u>264.60</u>
16-Recip scratchers	@	<u>55.65</u> <u>890.40</u>
TOTAL <u>1505.00</u>		

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Carl W. Durr

SIGNATURE Carl W. Durr 9/1/10

SALES TAX (If Any) _____

TOTAL CHARGES ~~2290.00~~

DISCOUNT ~~100.00~~ IF PAID IN 30 DAYS

ALLIED CEMENTING CO., LLC. 037058

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge, Ks

DATE <u>9-16-2010</u>	SEC. <u>28</u>	TWP. <u>343</u>	RANGE <u>11W</u>	CALLED OUT <u>6:00 AM</u>	ON LOCATION <u>8:30 AM</u>	JOB START <u>11:30 AM</u>	JOB FINISH <u>12:30 PM</u>
LEASE <u>Molz</u>	WELL# <u>2</u>	LOCATION <u>Medicine Lodge, Ks south to</u>			COUNTY <u>Butler</u>	STATE <u>Ks</u>	
OLD OR <u>NEW</u> (Circle one)		<u>PG#11 Street Rd, 2 1/2 East, n/into</u>					

CONTRACTOR Pratt Well Service
 TYPE OF JOB Circular to surface
 HOLE SIZE 8 1/2 T.D.
 CASING SIZE 4 1/2 DEPTH 3720'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 6000 psi MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. 3720'
 DISPLACEMENT 56 bbls of fresh water

OWNER Woolsey Operating
 CEMENT
 AMOUNT ORDERED 650 sx 65' 35' 6 9/16 60'
50 sc class A neat
 COMMON A 50 sx @ 15.45 772.50
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
ALW 650 sx @ 14.80 9620.00
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 700 @ 2.40 1680.00
 MILEAGE 700 / 10 / 15 1050.00
 TOTAL 13,122.50

EQUIPMENT
 PUMP TRUCK CEMENTER Darin F **WELL**
471-302 HELPER Ron C **FILE**
 BULK TRUCK _____
364 DRIVER Tom B **Regulatory Correspondence**
 BULK TRUCK _____ **Drig/Comp Workovers**
314-250 DRIVER Carl B **Tests / Meters Operations**

REMARKS:

Hook up to well head, pump 150 bbls of fresh water, mix 650sx of class cement, mix 50sc of class cement. Shut down, wash pump & lines, Release plus start displacement, pump 56 bbls of fresh water. Shut in, never seen circulation

CHARGE TO: Woolsey Operating
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 3720'
 PUMP TRUCK CHARGE 2011.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 15 @ 7.00 105.00
 MANIFOLD _____ @ _____
head rental _____ @ _____

TOTAL 2116.00

PLUG & FLOAT EQUIPMENT

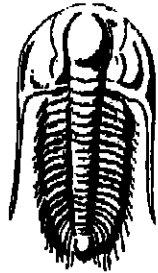
4 1/2
1-Rubber plug @ 62.00
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL 62.00

To Allied Cementing Co., LLC:
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____
 TOTAL CHARGES [scribble]
 DISCOUNT [scribble] IF PAID IN 30 DAYS

PRINTED NAME X
 SIGNATURE X Darin F. Petterson

Thank You!!!



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Prepared For: **Woolsey Operating Co.LLC**

125 N.Market, Ste. 1000
Wichita Ks.67202

ATTN: Curtis Covey

28-34s-11w Barber Ks

Molz#2

Start Date: 2010.08.29 @ 00:42:48

End Date: 2010.08.29 @ 10:15:33

Job Ticket #: 38801 DST #: 1

Trilobite Testing, Inc

PO Box 1733 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620

Woolsey Operating Co.LLC

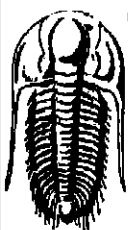
Molz#2

28-34s-11w Barber Ks

DST # 1

Miss.

2010.08.29



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Woolsey Operating Co.LLC

125 N.Market, Ste. 1000
Wichita Ks. 67202

ATTN: Curtis Covey

Molz#2

28-34s-11w Barber Ks

Job Ticket: 38801

DST#: 1

Test Start: 2010.08.29 @ 00:42:48

GENERAL INFORMATION:

Formation: **Miss.**

Deviated: **No** Whipstock: **ft (KB)**

Time Tool Opened: 03:05:03

Time Test Ended: 10:15:33

Interval: **4626.00 ft (KB) To 4756.00 ft (KB) (TVD)**

Total Depth: **4756.00 ft (KB) (TVD)**

Hole Diameter: **7.88 inches** Hole Condition:

Test Type: **Conventional Bottom Hole**

Tester: **Gary Pevoteaux**

Unit No: **39**

Reference Elevations: **1392.00 ft (KB)**

1382.00 ft (CF)

KB to GR/CF: 10.00 ft

Serial #: 8167

Inside

Press@RunDepth: **110.82 psig @ 4627.00 ft (KB)**

Start Date: **2010.08.29**

End Date: **2010.08.29**

Capacity: **8000.00 psig**

Last Calib.: **2010.08.29**

Start Time: **00:42:53**

End Time: **10:15:33**

Time On Btm: **2010.08.29 @ 03:02:48**

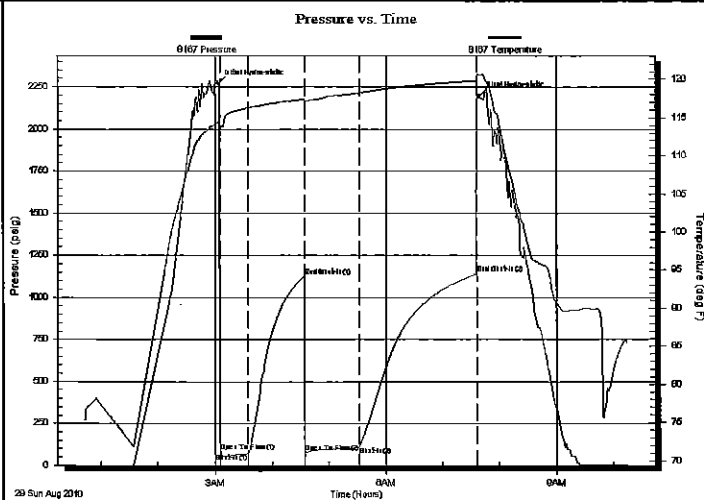
Time Off Btm: **2010.08.29 @ 07:39:03**

TEST COMMENT: IF: Strong blow . B.O.B. in 3 1/2 mins.

IS: No blow .

FF: Strong blow . B.O.B. in 22 secs. Decreased back to 7" after 60 mins.

FS: No blow .



PRESSURE SUMMARY

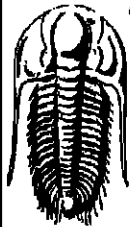
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2270.52	114.34	Initial Hydro-static
3	83.84	113.86	Open To Flow (1)
32	70.96	116.25	Shut-In(1)
91	1125.26	117.39	End Shut-In(1)
92	79.73	117.15	Open To Flow (2)
150	110.82	118.22	Shut-In(2)
273	1139.64	119.87	End Shut-In(2)
277	2200.66	120.55	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
120.00	SO&GCM 2%o 11%g 87%m	0.59
72.00	Drig.mud	1.01
0.00	1305 ft.of GIP	0.00

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Woolsey Operating Co.LLC

Molz#2

125 N.Market,Ste.1000
Wichita Ks.67202

28-34s-11w Barber Ks

Job Ticket: 38801

DST#: 1

ATTN: Curtis Covey

Test Start: 2010.08.29 @ 00:42:48

Tool Information

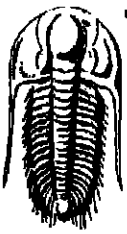
Drill Pipe:	Length: 4499.00 ft	Diameter: 3.80 inches	Volume: 63.11 bbl	Tool Weight: 2400.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 24000.00 lb
Drill Collar:	Length: 120.00 ft	Diameter: 2.25 inches	Volume: 0.59 bbl	Weight to Pull Loose: 88000.00 lb
			<u>Total Volume: 63.70 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	21.00 ft			String Weight: Initial 69000.00 lb
Depth to Top Packer:	4626.00 ft			Final 70000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	130.00 ft			
Tool Length:	158.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
C.O. Sub	1.00			4599.00	
Shut in tool	5.00			4604.00	
HMV	5.00			4609.00	
Jars	5.00			4614.00	
Safety Joint	3.00			4617.00	
Packer	4.00			4621.00	28.00 Bottom Of Top Packer
Packer	5.00			4626.00	
Stubb	1.00			4627.00	
Recorder	0.00	8167	Inside	4627.00	
Recorder	0.00	8370	Outside	4627.00	
Perforations	4.00			4631.00	
Blank Spacing	95.00			4726.00	
Perforations	25.00			4751.00	
Bullnose	5.00			4756.00	130.00 Bottom Packers & Anchor

Total Tool Length: 158.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Woolsey Operating Co.LLC

Molz#2

125 N.Market,Ste.1000
Wichita Ks.67202

28-34s-11w Barber Ks

Job Ticket: 38801

DST#: 1

ATTN: Curtis Covey

Test Start: 2010.08.29 @ 00:42:48

Mud and Cushion Information

Mud Type:	Gel Chem	Cushion Type:		Oil API:	deg API
Mud Weight:	9.00 lb/gal	Cushion Length:	ft	Water Salinity:	5500 ppm
Viscosity:	50.00 sec/qt	Cushion Volume:	bbl		
Water Loss:	12.39 in ³	Gas Cushion Type:			
Resistivity:	0.00 ohm.m	Gas Cushion Pressure:	psig		
Salinity:	5500.00 ppm				
Filter Cake:	0.20 inches				

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
120.00	SO&GCM 2%o 11%g 87%m	0.590
72.00	Drlg.mud	1.010
0.00	1305 ft.of GIP	0.000

Total Length: 192.00 ft Total Volume: 1.600 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

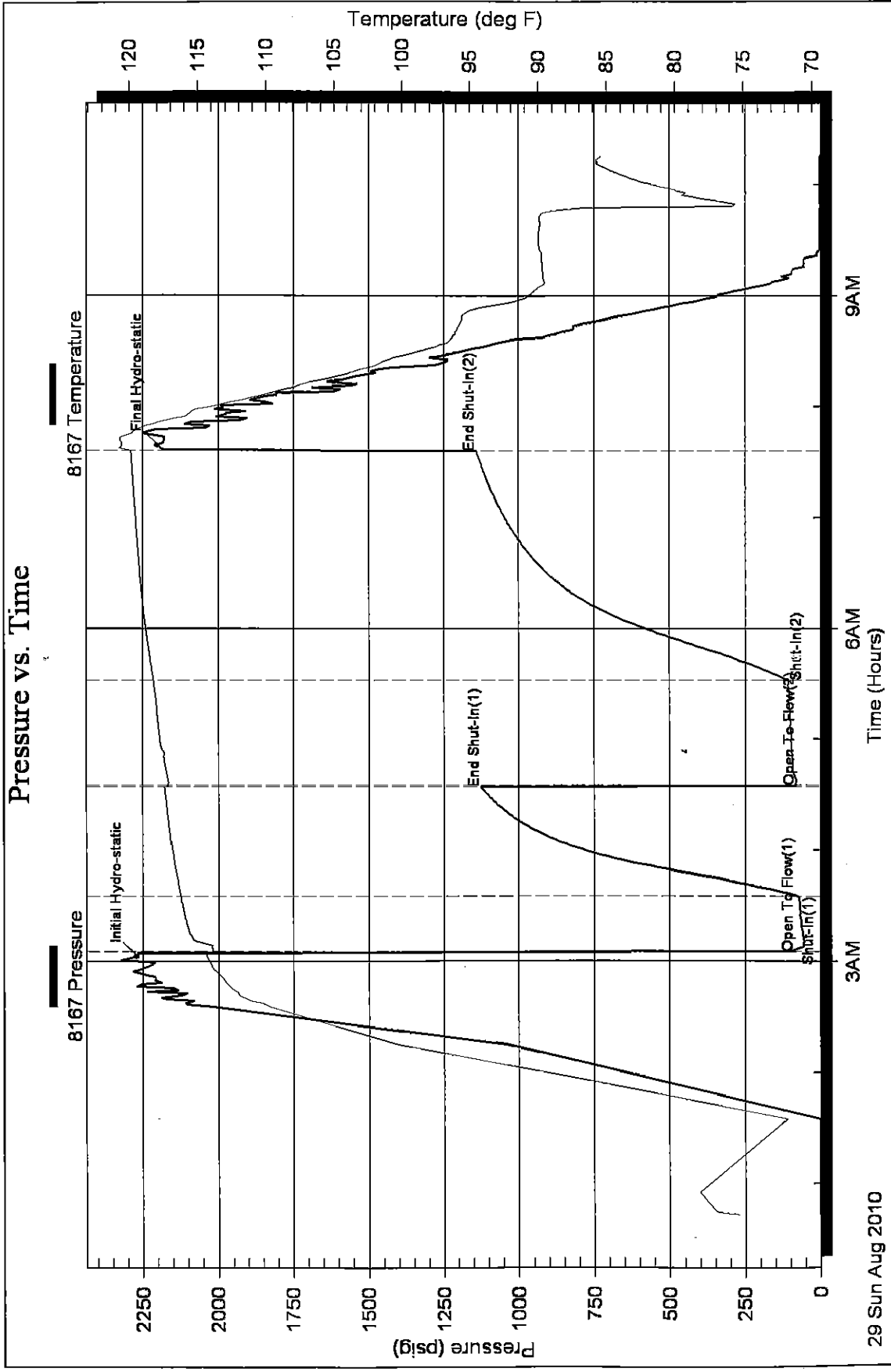
Serial#: none

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time





*Mark Parkinson, Governor
Thomas E. Wright, Chairman
Joseph F. Harkins, Commissioner
Ward Loyd, Commissioner*

December 17, 2010

DEAN PATTISSON
Woolsey Operating Company, LLC
125 N MARKET STE 1000
WICHITA, KS 67202-1729

Re: ACO1
API 15-007-23579-00-00
MOLZ 2
SE/4 Sec.28-34S-11W
Barber County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
DEAN PATTISSON