



**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: \_\_\_\_\_



1048686

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
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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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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
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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> <input type="checkbox"/> Other (Specify) _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Woolsey Operating Company, LLC
Well Name	MOLZ 3
Doc ID	1048686

All Electric Logs Run

Compensated Density/Neutron PE
Dual Induction
Sonic
Micro
Cement Bond



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

December 30, 2010

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

Re: ACO1  
API 15-007-23580-00-00  
MOLZ 3  
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

# ALLIED CEMENTING CO., LLC. 041389

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Medicine Lodge

DATE <u>9-3-10</u>	SEC. <u>28</u>	TWP. <u>34</u>	RANGE <u>11</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>7:00 PM</u>
LEASE <u>Mol2</u>	WELL # <u>3</u>	LOCATION <u>Rattle snake Rd.</u>			COUNTY <u>Barber</u>	STATE <u>Kansas</u>	
OLD OR NEW (Circle one) <u>NEW</u>		LOCATION <u>3 east to D.E. E N, w + 5 into</u>					

CONTRACTOR VAL # 3  
 TYPE OF JOB Surface  
 HOLE SIZE 14 3/4" T.D.  
 CASING SIZE 10 3/4" DEPTH 205.88  
 TUBING SIZE 8 9/8 JT- DEPTH  
 DRILL PIPE 13' DEPTH  
 TOOL DEPTH  
 PRES. MAX 250 MINIMUM  
 MEAS. LINE SHOE JOINT  
 CEMENT LEFT IN CSG. 20'  
 PERFS.  
 DISPLACEMENT 19 1/2 Bbls Fresh

OWNER Woolsey Operating  
 CEMENT  
 AMOUNT ORDERED 230 ex Class A + 3 1/2 cc + 2 1/2 GEL  
 COMMON A 230 ex @ 15.45 3553.50  
 POZMIX @  
 GEL 4 ex @ 20.80 83.20  
 CHLORIDE 8 ex @ 58.20 465.60  
 ASC @

EQUIPMENT  
 PUMP TRUCK CEMENTER Carl Balding  
 # 471-302 HELPER Ron Biley  
 BULK TRUCK  
 # 363-250 DRIVER Tom Becker  
 BULK TRUCK  
 # DRIVER

WELL FILE  
 Regulatory Correspondence  
 (Orig / Comp) Workovers  
 Tests / Meters Operations  
 HANDLING 242 @ 2.40 580.80  
 MILEAGE 242 / 10/15 363.00  
 TOTAL 5046.10

REMARKS:

Run 205' 10 3/4" casing with a  
 13' 8 9/8 landing joint  
 Break circulation, mix 230 ex  
 Class A + 3 1/2 cc + 2 1/2 GEL  
 Displace with Bbls Freshwater  
 Leave 20' cement in pipe & shut in  
 Cement did circulate

SERVICE

DEPTH OF JOB 205  
 PUMP TRUCK CHARGE 1018.00  
 EXTRA FOOTAGE @  
 MILEAGE 15 @ 7.00 105.00  
 MANIFOLD @  
 TOTAL 1123.00

CHARGE TO: Woolsey Operating  
 STREET  
 CITY STATE ZIP

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  
~~266.00~~

PRINTED NAME MIKE TAMP  
 SIGNATURE Mike TAMP

# ALLIED CEMENTING CO., LLC. 037055

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Medicine Lodge, KS

DATE <u>9-13-2016</u>	SEC. <u>28</u>	TWP. <u>34S</u>	RANGE <u>11W</u>	CALLED OUT <u>4:00 AM</u>	ON LOCATION <u>7:00 AM</u>	JOB START <u>2:00 PM</u>	JOB FINISH <u>2:30 PM</u>
LEASE <u>MO/2</u>	WELL # <u>3</u>	LOCATION <u>Medicine Lodge, KS South</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>		
OLD OR <u>NEW</u> (Circle one)		<u>to Rattus Snake Rd, 3 East, 1/2 W, Westlino</u>					

CONTRACTOR <u>U91 #3</u>	OWNER <u>Wouisey Operating</u>
TYPE OF JOB <u>Production</u>	
HOLE SIZE <u>7 7/8</u>	T.D. <u>5310'</u>
CASING SIZE <u>4 1/2</u>	DEPTH <u>5063'</u>
TUBING SIZE <u>4 1/2</u>	DEPTH
DRILL PIPE <u>4 1/2</u>	DEPTH
TOOL <u>Regulatory Corrosion</u>	DEPTH
PRES. MAX <u>Comp</u>	MINIMUM
MEAS. LINE <u>Tests 7 Meters</u>	SHOE JOINT <u>42'</u>
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT <u>78 bbls of 2% KCl water</u>	

CEMENT			
AMOUNT ORDERED <u>90sp 60' 40' 4, 150sp</u>			
<u>Class H + 10% Cyp + 10% 391t + 2 # Kalsco,</u>			
<u>- 8% FL 160 + 1/4 # Flo Seal</u>			
COMMON	<u>54 A</u>	@ <u>15.45</u>	<u>834.30</u>
POZMIX	<u>36 Fly</u>	@ <u>8.00</u>	<u>288.00</u>
GEL	<u>3 SX</u>	@ <u>20.80</u>	<u>62.40</u>
CHLORIDE		@	
ASC		@	
	<u>H 150 SX</u>	@ <u>16.75</u>	<u>2512.50</u>
	<u>Cypseal 14 SX</u>	@ <u>29.20</u>	<u>408.80</u>
	<u>Salt 16 SX</u>	@ <u>12.00</u>	<u>192.00</u>
	<u>Kalsco 900 #</u>	@ <u>.89</u>	<u>801.00</u>
	<u>FL-160 113 #</u>	@ <u>13.30</u>	<u>1502.90</u>
	<u>Flo Seal 37.50 #</u>	@ <u>2.50</u>	<u>93.75</u>
	<u>Clayor 8 Gals</u>	@ <u>31.25</u>	<u>250.00</u>
		@	
HANDLING	<u>295</u>	@ <u>2.40</u>	<u>708.00</u>
MILEAGE	<u>295/15/-10</u>		<u>442.50</u>
TOTAL			<u>8096.15</u>

EQUIPMENT	
PUMP TRUCK	CEMENTER <u>Darin F.</u>
# <u>360-265</u>	HELPER <u>mett T.</u>
BULK TRUCK	
# <u>356-252</u>	DRIVER <u>Jason T.</u>
BULK TRUCK	
#	DRIVER

REMARKS:

Pipe on bottom & break circulation  
mix 40sp for Rattus mouse holes, mix  
50sp of scavenger cement, mix 150sp  
of oil cement, shut down, wash pump  
& lines, Release plug, Start displacement  
lift pressure at 56 bbls, slow rate  
to 3 bpm at 70 bbls, Bump plug at  
78 bbls 700-1400 psi, Plug did hold

SERVICE

DEPTH OF JOB	<u>5063'</u>		
PUMP TRUCK CHARGE	<u>2185</u>		
EXTRA FOOTAGE		@	
MILEAGE	<u>15</u>	@ <u>7.00</u>	<u>105.00</u>
MANIFOLD		@	
	<u>Hesarenko,</u>	@	
		@	
TOTAL			<u>2290.00</u>

CHARGE TO: Wouisey Operating  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

<u>4 1/2</u>			
1-BPV Float Shoe	@	<u>205.00</u>	
1-Loosen Down Plug	@	<u>145.00</u>	
9-Turbolizers	@ <u>37.80</u>	<u>340.20</u>	
15-Scratchers	@ <u>55.65</u>	<u>834.75</u>	
	@		
TOTAL			<u>1524.95</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.

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

PRINTED NAME X MIKE THARP  
SIGNATURE X Mike Tharp  
Thank You!!!



**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

Woolsey Operating Company, LLC

**Molz #3**

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

**28-34s-11w Barber Co**

Job Ticket: 36949

**DST#: 1**

ATTN: Curtis Covey

Test Start: 2010.09.10 @ 16:32:56

## GENERAL INFORMATION:

Formation: **Misener Sand**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 19:07:26

Time Test Ended: 00:12:26

Test Type: Conventional Bottom Hole

Tester: Jerry Adams

Unit No: 45

**Interval: 4840.00 ft (KB) To 4993.00 ft (KB) (TVD)**

Reference Elevations: 1360.00 ft (KB)

Total Depth: 4993.00 ft (KB) (TVD)

1350.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 10.00 ft

**Serial #: 6798**

**Inside**

Press @ Run Depth: 68.23 psig @ 4847.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2010.09.10

End Date:

2010.09.11

Last Calib.: 2010.09.11

Start Time: 16:32:57

End Time:

00:12:26

Time On Btm: 2010.09.10 @ 19:06:26

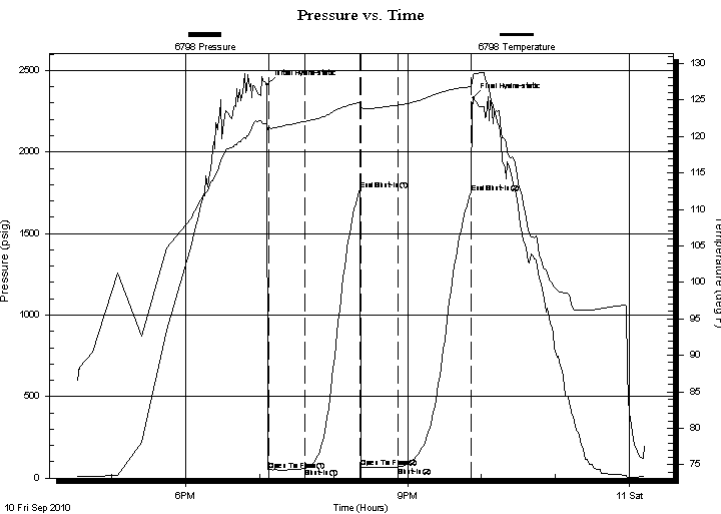
Time Off Btm: 2010.09.10 @ 21:53:26

**TEST COMMENT:** IF:Weak 1/2" blow . Decreased to surface.

IS:No blow .

FF:No blow .

FS:No blow .



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2411.19	121.79	Initial Hydro-static
1	51.36	121.23	Open To Flow (1)
31	60.19	122.04	Shut-In(1)
75	1767.28	124.71	End Shut-In(1)
76	65.49	124.00	Open To Flow (2)
106	68.23	124.30	Shut-In(2)
165	1752.12	126.81	End Shut-In(2)
167	2332.22	128.52	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
60.00	Drilling Mud 100%m	0.30
0.00		0.00

## Gas Rates

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



**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Woolsey Operating Company, LLC

**Molz #3**

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

**28-34s-11w Barber Co**

Job Ticket: 36949

**DST#: 1**

ATTN: Curtis Covey

Test Start: 2010.09.10 @ 16:32:56

## 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:

ppm

Viscosity: 62.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.79 in<sup>3</sup>

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 3000.00 ppm

Filter Cake: 0.21 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
60.00	Drilling Mud 100%m	0.295
0.00		0.000

Total Length: 60.00 ft      Total Volume: 0.295 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:



### Pressure vs. Time

