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KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

COPY

Operator: License # 5506
Name: WOOLSEY PETROLEUM CORPORATION
Address: 125 N Market Suite 1000
City/State/Zip: Wichita KS 67202
Purchaser: American Pipeline / Plains Mktg
Operator Contact Person: Debra Clingan
Phone: (316) 267-4379 ext 106
Contractor: Name: Duke Drilling Co Inc
License: 5929

Wellsite Geologist: Mike Maune
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

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

Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr/SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. _____

08/08/01 08/21/01 09/27/01
Spud Date or Date Reached TD Completion Date or Recompletion Date

CONFIDENTIAL

AP # 15 - 007-22671 0000
County: Barber
200' S & 230' W of
SW-SW-SE Sec. 28 Twp. 32 S. R. 12 East West
130' FSL feet from S / W (circle one) Line of Section
2540' FEL feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: TEDROW Well #: 6

Field Name: Medicine Lodge North
Producing Formation: Mississippian
Elevation: Ground: 1650' Kelly Bushing: 1658'
Total Depth: 5010' Plug Back Total Depth: 4964'
Amount of Surface Pipe Set and Cemented at 245' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set DV tool at 3876' 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 No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

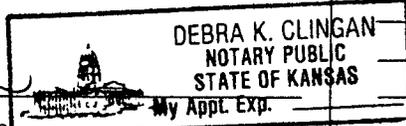
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: I. Wayne Woolsey
Title: President Date: December 6, 2001

Subscribed and sworn to before me this 6th day of December, 2001

Notary Public: Debra K. Clingan
Date Commission Expires: March 4, 2002



KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: WOOLSEY PETROLEUM CORPORATION Lease Name: TEDROW Well #: 6
 Sec. 28 Twp. 32 S. R. 12 East West County: Barber

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, when the 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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chase	1966	(- 308)
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Wreford	2306	(- 640)
List All E. Logs Run:		Topeka	3248	(-1590)
Neutron Density PE		Heebner	3735	(-2077)
Dual Induction		Lansing	3923	(-2265)
Cement Bond		Mississippian	4480	(-2822)
		Viola	4750	(-3090)
		Simpson	4860	(-3202)
		Arbuckle	4954	(-3296)
		RTD	5010	

CASING RECORD <input checked="" 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
Surface	14-3/4"	10-3/4"	32#	245'	60/40 poz	175	3% cc 2% gel
Production	7-7/8"	4-1/2"	10.5#	5000'	ASC	150	5#/sx Kolsea
				3878'	ASC	110	5#/sx Kolsea

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
4 JSPF	4484-4490' & 4496-4506' (Miss)	800 gal 10% NEFE	same
		15,000# 100 mesh, 108,000# 16/30 & 5000# Ac Frac CR-4000 sand frac	same

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-3/8"	4.7#	4569'	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr.	Producing Method
First production 10/7/01	<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	12	15	80		

Disposition of Gas: Vented Sold Used on Lease *(If vented, Sumit ACO-18.)*

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled 4484-4506' OA

Production Interval: Other (Specify) _____