

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION**

Form ACO-1  
September 1998  
Form Must Be Typed

**WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Operator: License # 33168  
Name: WOOLSEY OPERATING COMPANY, LLC  
Address: 125 N. Market, Suite 1000  
City/State/Zip: Wichita, Kansas 67202-1775  
Purchaser: Bluestem Gas Mktg & American Pipeline / Plains Mktg  
Operator Contact Person: Dean Pattisson, Operations Manager  
Phone: ( 316 ) 267-4379 ext 107  
Contractor: Name: Pratt Well Service  
License: 5893  
Wellsite Geologist: n/a

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

If Workover/Re-entry: Old Well Info as follows:  
Operator: Woolsey Petroleum Corporation #5506  
Well Name: Spriggs G-1

Original Comp. Date: 10/29/97 Original Total Depth: 4140'  
 Deepening  Re-perf.  Conv. to Enhr./SWD  
 Plug Back 3810' Plug Back Total Depth  
 Commingled Docket No. \_\_\_\_\_  
 Dual Completion Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?) Docket No. \_\_\_\_\_  
11/25/02 11/27/02  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

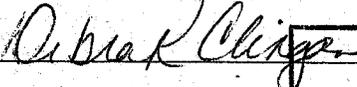
API No. 15 - 007-22546 0001  
County: Barber  
N2 NE SW Sec. 28 Twp. 33 S. R. 13  East  West  
2310' FSL feet from (S) / N (circle one) Line of Section  
1980' FWL feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW (SW)  
Lease Name: SPRIGGS G Well #: 1  
Field Name: Aetna (Snyderville)  
Producing Formation: Elgin  
Elevation: Ground: 1643 Kelly Bushing: 1651'  
Total Depth: 4140' Plug Back Total Depth: 3810'  
Amount of Surface Pipe Set and Cemented at 210' Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from n/a  
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:   
Title: Operations Manager Date: May 12, 2003  
Subscribed and sworn to before me this 12th day of May, 2003  
19\_\_\_\_\_  
Notary Public:   
Date Commission Expires: 3/15/06

**DEBRA K. CLINGAN  
NOTARY PUBLIC  
STATE OF KANSAS**  
My Appt. Exp. \_\_\_\_\_

**KCC Office Use ONLY**

Letter of Confidentiality Attached  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

Operator Name: WOOLSEY OPERATING COMPANY, LLC Lease Name: SPRIGGS G Well #: 1

Sec. 28 Twp. 33 S. R. 13  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, 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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken  Yes  No  
*(Attach Additional Sheets)*

Samples Sent to Geological Survey  Yes  No

Cores Taken  Yes  No

Electric Log Run  Yes  No  
*(Submit Copy)*

List All E. Logs Run:  
 (copy of zone of interest section attached)

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Name	Top	Datum
Krider	2052	-401
Elgin	3670	-2019
Snyderville	3866	-2215
Douglas	3946	-2295
Lansing	4042	-2391

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	# Sacs Used	Type and Percent Additives
Surface	14-3/8"	10-3/4"	32#	210'	60/40 poz	175	3%cc, 2%gel
Production	7-7/8"	4-1/2"	10.5#	4128'	ASC	160	

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 (Amount and Kind of Material Used)	Depth
6	3673-79' (Elgin)	500 gal 7.5% N2 foam	3673-79'
	CIBP		3810'
6	3877-87' (Snyderville)	(original completion)	

TUBING RECORD	Size 2-3/8"	Set At 3680'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------	----------------	-----------------	-----------	---

Date of First, Resumerd Production, SWD or Entr. 11/27/02

Producing Method  Flowing  Pumping  Gas Lift  Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls. trace	Gas Mcf 450	Water Bbls. trace	Gas-Oil Ratio	Gravity
-----------------------------------	--------------------	----------------	----------------------	---------------	---------

Disposition of Gas  Vented  Sold  Used on Lease  Open Hole  Self  Dually Comp.  Commingled  Other (Specify)

METHOD OF COMPLETION \_\_\_\_\_

Production Interval \_\_\_\_\_

*(If vented, Submit ACO-18.)*