

# COPY

15-007-22562 0000 *Int.*

STATE CORPORATION COMMISSION OF KANSAS  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
ACO-1 WELL HISTORY  
DESCRIPTION OF WELL AND LEASE

## CONFIDENTIAL

Operator: License # 5506  
Name: WOOLSEY PETROLEUM CORPORATION  
Address 125 NORTH MARKET  
SUITE 1000  
City/State/Zip WICHITA, KS 67202

Purchaser: \_\_\_\_\_  
Operator Contact Person: DEBRA K. CLINGAN

Phone (316) 267-4379 EXT. 106

Contractor: Name: DUKE DRILLING CO., INC.  
License: 5929

Wellsite Geologist: MIKEAL MAUNE

Designate Type of Completion  
 New Well  Re-Entry  Workover

Oil  SWD  SICW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows

Operator: N/A

Well Name: JUN 05 1998

Comp. Date          Old Total Depth         

Deepening  Re-perf.  Conv. to Inj/SWD  
 Plug Back  PSTD  
 Comingled  Docket No.           
 Dual Completion  Docket No.           
 Other (SWD or Inj?)  Docket No.         

02/07/98 02/17/98 02/18/98  
Spud Date Date Reached TD Completion Date

API NO. 15- 15-007-22562 0000

County BARBER  
150' S & 150' E of  
- N2 - NW - SW Sec. 34 Twp. 33 Rge. 13 XX W

2160 Feet from (S) (circle one) Line of Section

810 Feet from (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
NE, SE, NW or (S) (circle one)

Lease Name SPRIGGS F Well # 1

Field Name UN-NAMED

Producing Formation N/A

Elevation: Ground 1663 KB 1676

Total Depth 5275 PBTD 5250

Amount of Surface Pipe Set and Cemented at 215.89 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/ KCC sx cnt.

Drilling Fluid Management Plan D+A, JUN 28 1998 U.C.  
(Data must be collected from the Reserve Pit)

## CONFIDENTIAL

Chloride content 2400 ppm Fluid volume 676 bbls

Dewatering method used DEHYDRATION AFTER PULLING  
FREE FLUIDS

Location of fluid disposal if hauled offsite:         

Operator Name BOWER DRILLING

Lease Name COLE SWD License No. 5435

         Quarter 25 Sec. 32 Twp. S Rng. 12 E/W

County BARBER Docket No. D-19886

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 on 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 Mark P. Stevenson  
Title MARK P. STEVENSON  
V.P. - OPERATIONS Date 06/05/98

Subscribed and sworn to before me this 5TH day of JUNE  
19 98 **RELEASED**

Notary Public Debra K. Clingan  
Date Commission Expires MARCH 4, 2002 **MAY 07 2001**

K.C.C. OFFICE USE ONLY  
F  Letter of Confidentiality Attached  
C  Wireline Log Received  
C  Geologist Report Received  
  
Distribution  
 KCC  SWD/Rep  NGPA  
 KGS  Plug  Other  
(Specify)

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

FROM CONFIDENTIAL

Operator Name WOOLSEY PETROLEUM CORPORATION Lease Name SPRIGGS F Well # 1

Sec. 34 Twp. 33 Rge. 13  East  West County BARBER

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<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	2060	(- 386)
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ONAGA	2918	(-1242)
List All E.Logs Run:		HEEBNER	3913	(-2237)
COMPENSATED NEUTRON DENSITY		LANSING	4099	(-2423)
DUAL INDUCTION		LANSING G	4388	(-2712)
		MARMATON	4598	(-2922)
		MISSISSIPPIAN	4669	(-2993)
		KINDERHOOK	4880	(-3204)
		SIMPSON	5100	(-3424)
		ARBUCKLE	5231	(-3555)

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#	215.89	60/40 poz	200	3%cc, 2%ge

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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SMD or Inj.	Producing Method <input type="checkbox"/> Flowing <input 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
	<u>NA</u>			

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

METHOD OF COMPLETION:  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify) \_\_\_\_\_

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