

COPY

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

Operator: License # 5506Name: WOOLSEY PETROLEUM CORPORATIONAddress 125 N. MARKET, SUITE 1000City/State/Zip WICHITA, KANSAS 67202

Purchaser: _____

Operator Contact Person: Debra K. ClinganPhone (316) 267-4379 ext 106Contractor: Name: Clarke Well ServiceLicense: 5105Wellsite Geologist: n/a

Designate Type of Completion

New Well Re-Entry XX Workover

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

If Workover/Reentry: Old Well Info as follows:

Operator: TXO Production Corp.Well Name: Gillig 1Comp. Date 8/10/89 old Total Depth 5260'

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

5/14/99 5/24/99Spud Date 5/14/99 Date Reached TD 5/24/99 Completion Date 5/24/99
Commencement Date

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 207B, 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
Vice President - Operations Date 06/14/99

Subscribed and sworn to before me this 14th day of June,
19 99.

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

API NO. 15- 007-22249-0001County BarberSW- SE sec. 33 Twp. 34S Rge. 13W E XW

660' FSL Feet from S/W (circle one) Line of Section

1980' FEL Feet from E/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)Lease Name GILLIG Well # 1Field Name AetnaProducing Formation Mississippian & HerthaElevation: Ground 1641' KB 1646'Total Depth 5260' PBTD 5208'Amount of Surface Pipe Set and Cemented at 379' FeetMultiple 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 Re-work, 6-25-99
(Data must be collected from the Reserve Pit) UR

Chloride content _____ ppm Fluid volume _____ bbls

RECEIVED

Dewatering method used KANSAS CORPORATION COMMISSION

Location of fluid disposal if hauled offsite:

JUN 18 1999

Operator Name _____

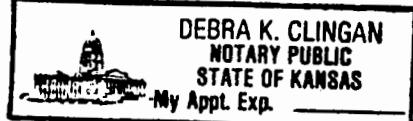
Lease Name _____ CONSERVATION DIVISION
WICHITA, KS

Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

K.C.C. OFFICE USE ONLY
 Letter of Confidentiality Attached
 Wireline Log Received
 Geologist Report Received

Distribution
 KCC
 KGS
 SWD/Rep
 Plug
 NGPA
 Other
(Specify)



Operator Name WOOLSEY PETROLEUM CORPORATIONLease Name GilligWell # 1 EastCounty BarberSec. 33 Twp. 34 Rge. 13W West

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 type="checkbox"/> Yes <input type="checkbox"/> No			
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 (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E.Logs Run: See original ACO - nothing new at this time				

<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<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
see original ACO							

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 (Amount and Kind of Material Used)	
		Depth	
	4907-24' & 4953-61' (original Miss completion)		
2	4732-42' (Hertha)	23 gram charges	4732-42'
		1200 gal 15% MCA	4732-42'

TUBING RECORD	Size 2-3/8"	Set At 5019'	Packer At none	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj. 5/24/99	Producing Method	<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil 6	Bbls.	Gas 70	Mcf	Water 50	Bbls.	Gas-Oil Ratio 11,667 scf/stb	Gravity
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Disposition of Gas:	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input checked="" type="checkbox"/> Casingaled	4732-4742' He. 1a
	<input type="checkbox"/> Other (Specify) _____	4907-4924' Miss
		4953-4961' Miss