

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 33168
Name: WOOLSEY OPERATING COMPANY, LLC
Address: 125 N. Market, Suite 1000
City/State/Zip: Wichita, Kansas 67202-1775
Purchaser: Plains Marketing
Operator Contact Person: Dean Pattison, Operations Manager
Phone: (316) 267-4379 ext 107
Contractor: Name: Duke Drilling Co., Inc.
License: 5929

API No. 15 - 007-22764-00-00
County: Barber
100' W of C - NE - NW Sec. 25 Twp. 32 S. R. 12 East West
660 feet from S / (N) (circle one) Line of Section
1880 feet from E / (W) (circle one) Line of Section

Wellsite Geologist: Mikeal K. Maune

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

RECEIVED
KANSAS CORPORATION COMMISSION
WICHITA, KS
JUL 29 2004

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

Operator: _____
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. _____

<u>10/7/03</u>	<u>10/19/03</u>	<u>11/21/03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: BLOOM TRUST Well #: 1

Field Name: Toni-Mike NE
Producing Formation: Mississippian

Elevation: Ground: 1505 Kelly Bushing: 1514
Total Depth: 4825 Plug Back Total Depth: 4551

Amount of Surface Pipe Set and Cemented at 230 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.
ALTI WHM 8-17-06

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content 6500 ppm Fluid volume 608 bbls
Dewatering method used Haul off free fluids and allow to dehydrate

Location of fluid disposal if hauled offsite:

Operator Name: McGinness Oil Co.

Lease Name: Lohmann SWD License No.: 5255

Quarter _____ Sec. 30 Twp. 35 S. R. 12 East West
County: Barber Docket No.: D-4812

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: I. Wayne Woolsey, Manager Date: July 28, 2004

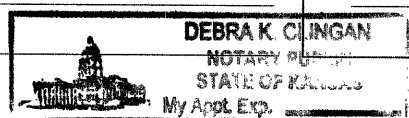
Subscribed and sworn to before me this 28th day of July,
20 04

Notary Public: Debra K. Clingan
Date Commission Expires: March 15, 2006

KCC Office Use ONLY

Letter of Confidentiality Attached
If Denied, Yes Date: 8-6-04 DPW

Wireline Log Received
 Geologist Report Received
 UIC Distribution



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Operator Name: WOOLSEY OPERATING COMPANY, LLC Lease Name: BLOOM TRUST Well #: 1
 Sec: 25 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, 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run: Compensated Neutron Density Dual Induction Sonic Cement Bond	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Lansing</td> <td>3785</td> <td>- 2271</td> </tr> <tr> <td>Mississippian</td> <td>4356</td> <td>- 2842</td> </tr> <tr> <td>Viola</td> <td>4642</td> <td>- 3128</td> </tr> <tr> <td>Simpson</td> <td>4720</td> <td>- 3206</td> </tr> </table>	Name	Top	Datum	Lansing	3785	- 2271	Mississippian	4356	- 2842	Viola	4642	- 3128	Simpson	4720	- 3206
Name	Top	Datum														
Lansing	3785	- 2271														
Mississippian	4356	- 2842														
Viola	4642	- 3128														
Simpson	4720	- 3206														

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	# Sacjs Used	Type and Percent Additives
Surface	14-1/4"	10-3/4"	32#/ft	230'	60/40 poz	175	3%cc
Production	7-7/8"	4-1/2"	10-1/2#/ft	4562'	Class H	270	10% salt, 10% gyp

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
4	4356' - 4370' Mississippian	Acid: 1400 gal 15% IRA	
		Frac: 30,400# 16/30 & 4000# 16/30 Super LC	

TUBING RECORD	Size 2-3/8"	Set At 4481'	Packer At none	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. 11/28/03	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 Bbls. -7	Gas Mcf -0-	Water Bbls. 60	Gas-Oil Ratio n/a	Gravity 31
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Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION

Production Interval Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

79530

ALLIED CEMENTING CO., INC. 12993

Federal Tax I.D.#

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

SERVICE POINT:
Medicine Lodge

DATE <u>10-20-03</u>	SEC. <u>25</u>	TWP. <u>32S</u>	RANGE <u>12W</u>	CALLED OUT <u>4:30 am</u>	ON LOCATION <u>6:30 am</u>	JOB START <u>11:25</u>	JOB FINISH <u>12:05 pm</u>
LEASEE <u>Bloom Trust</u>		WELL # <u>1</u>	LOCATION <u>Medicine Lodge 2 1/2 S,</u>		COUNTY <u>Barber</u>	STATE <u>KS.</u>	
OLD OR NEW (Circle one) <u>NEW</u>			ON <u>281 1/2 S</u>				

CONTRACTOR Duke #4
 TYPE OF JOB production
 HOLE SIZE 7 7/8 T.D. 4700'
 CASING SIZE 4 1/2 x 10.5 DEPTH 4562'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 1650 MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 31
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 73 Bbls 2% KCL
 EQUIPMENT _____
 PUMP TRUCK CEMENTER Carl Balding
 # 32 HELPER Dave Felio
 BULK TRUCK _____
 # 33 DRIVER Travy Cushmanberry
 BULK TRUCK _____
 # _____ DRIVER _____

OWNER Woolsey Petroleum
 CEMENT AMOUNT ORDERED 500 Gals ASF 10 Gal CIA pro
285 sx Class H + 10K Gyp-seal + 10K salt + 10K seal
+ 1/4 Flo-seal + 2 x 4-160
 COMMON H 285 sx @ 8.70 2479.50
CIA pro 10 Gal @ 22.90 229.00
ASF 500 Gal @ 1.00 500.00
 CHLORIDE _____ @ _____
Gyp-seal 275x @ 17.85 481.95
Salt 31 sx @ 7.50 232.50
Kol-seal 1710 @ .50 855.00
Flo-seal 72 @ 1.40 100.80
4-160 214 @ 8.00 1712.00
 HANDLING 384 @ 1.15 441.60
 MILEAGE 384 x 6 x .05 (min) 125.00
 TOTAL 7157.35

REMARKS:

SERVICE

Run casing + break circulation
Pump 12 Bbls 2% KCL + 12 Bbls ASF
Plug Rat Hole w/ 15 sx H cement
Switch to casing + pump 270 sx class
H + additives, wash out pump + lines,
Release plug + Displace with 73 Bbls
2% KCL water bump plug + float hold

DEPTH OF JOB 4562'
 PUMP TRUCK CHARGE _____ 1284.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 6 @ 3.50 21.00
 PLUG _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL 1285.00

CHARGE TO: Woolsey Petroleum
 STREET _____
 CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

1- AFU float shoe @ 245.00 245.00
1- Latch Down plug @ 300.00 300.00
1- Basket @ 116.00 116.00
10- funbalizers @ 55.00 550.00
28- scratchers @ 29.00 812.00

TOTAL 2023.00

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper 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 & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____
 TOTAL CHARGE 2023.00
 DISCOUNT 0.00 IF PAID IN 30 DAYS

SIGNATURE Allen F. Dick Allen F. Dick
 PRINTED NAME

ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING

RECEIVED
 KANSAS CORPORATION COMMISSION
 JUL 29 2004
 CONSERVATION DIVISION
 WICHITA, KS