

**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
Wellsite Geologist: Mikeal K. Maune

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

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. _____

<u>9/8/03</u>	<u>9/20/03</u>	<u>10/16/03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-007-22768-00-00
County: Barber
Appx NE NW SE SW Sec. 30 Twp. 32 S. R. 11 East West
2420' FSL feet from N (circle one) Line of Section
2150' FEL feet from W (circle one) Line of Section

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

Producing Formation: Viola
Elevation: Ground: 1420' Kelly Bushing: 1429'
Total Depth: 4830' Plug Back Total Depth: 4782'
Amount of Surface Pipe Set and Cemented at 268' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set DV tool at 3845' 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) ALT I WMM 8-18-01
Chloride content 9000 ppm Fluid volume 500 bbls
Dewatering method used Pull free fluids, allow to dehydrate
Location of fluid disposal if hauled offsite:
Operator Name: McGinness Oil Co.
Lease Name: Lohmann SWD License No.: 5225
Quarter _____ Sec. 30 Twp. 35 S. R. 12 East West
County: Barber Docket No.: CD-4812

RECEIVED
KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WICHITA, KS
JUL 28 2004

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: Dean Pattison, Operations Manager Date: July 14, 2004
Subscribed and sworn to before me this 14th day of July, 2004
Notary Public: Debra K. Clingan
Date Commission Expires: March 15, 2006

KCC Office Use ONLY

Debra Letter of Confidentiality Attached
If Denied, Yes Date: 8-3-04 DPL
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

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

Operator Name: WOOLSEY OPERATING COMPANY, LLC Lease Name: BENNETT Well #: 1
 Sec. 30 Twp. 32 S. R. 11 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 <i>(Attach Additional Sheets)</i> 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 <i>(Submit Copy)</i> List All E. Logs Run: Compensated Neutron Density Dual Induction Dual Receiver 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>3686</td> <td>-2262</td> </tr> <tr> <td>Mississippian</td> <td>4306</td> <td>-2877</td> </tr> <tr> <td>Viola</td> <td>4565</td> <td>-3136</td> </tr> <tr> <td>Simpson</td> <td>4656</td> <td>-3227</td> </tr> <tr> <td>Arbuckle</td> <td>4784</td> <td>-3355</td> </tr> </table>	Name	Top	Datum	Lansing	3686	-2262	Mississippian	4306	-2877	Viola	4565	-3136	Simpson	4656	-3227	Arbuckle	4784	-3355
Name	Top	Datum																	
Lansing	3686	-2262																	
Mississippian	4306	-2877																	
Viola	4565	-3136																	
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Arbuckle	4784	-3355																	

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	14-3/4"	10-3/4"	34 #/ft	268'	60/40 poz	175	3% cc, 2% gel
Production	7-7/8"	4-1/2"	10.5 #/ft	4826'	ASC	250	5# Kol-seal

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	4566'-4576' Viola	Acid: 1200 gal 10% acid, 60 ball sealers	
		3000 gal 10% gelled XTA	

TUBING RECORD	Size 2-3/8" x 4.7#	Set At 4661'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 10/23/03		Producing Method <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. 10	Gas Mcf -0-	Water Bbls. 45	Gas-Oil Ratio 37.9

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Submit ACO-18.) Other (Specify) _____

ALLIED CEMENTING CO., INC. 12792

Federal Tax I.D.#

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

SERVICE POINT:
MEDICINE LODGE

DATE <u>9-21-03</u>	SEC. <u>30</u>	TWP. <u>325</u>	RANGE <u>11W</u>	CALLED OUT <u>6:00 AM</u>	ON LOCATION <u>9:00 AM</u>	JOB START <u>12:58 PM</u>	JOB FINISH <u>2:00 PM</u>
LEASE <u>BENNETT</u>		WELL # <u>1</u>	LOCATION <u>160 + 281 Jct. 2 1/2 S</u>		COUNTY <u>BARBER</u>	STATE <u>KANSAS</u>	
OLD OR <u>(NEW)</u> (Circle one)			<u>3/4 E, 1 S, 9 + N INTD</u>				

CONTRACTOR DUKE DRILG. #4
 TYPE OF JOB 2 STAGE - BOTTOM STAGE
 HOLE SIZE 7 7/8" T.D. 4830'
 CASING SIZE 4 1/2" X 10.5" DEPTH 4826'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL DV TOOL DEPTH 3855'
 PRES. MAX 800* MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 32.22'
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 78 BBLs / 58 1/2 MUD
 EQUIPMENT _____

PUMP TRUCK CEMENTER KEVIN BOUNGARDT
 # 360-302 HELPER CARL BALDING
 BULK TRUCK # 364 DRIVER TANNER FOX
 BULK TRUCK # _____ DRIVER _____

OWNER WOOLSEY OPERATING
 CEMENT AMOUNT ORDERED
500 BAGS. ALLOY SUPER FLUSH
150# ASC + 5# KOL - SEAL / SACK

COMMON _____	@ _____	_____	_____
POZMIX _____	@ _____	_____	_____
GEL _____	@ _____	_____	_____
CHLORIDE _____	@ _____	_____	_____
ASC <u>150</u>	@ <u>9.00</u>	<u>1350.00</u>	
KOL-SEAL <u>750*</u>	@ <u>.50</u>	<u>375.00</u>	
SUPER FLUSH <u>500</u>	@ <u>1.00</u>	<u>500.00</u>	
_____	@ _____	_____	_____
_____	@ _____	_____	_____
HANDLING <u>192</u>	@ <u>1.13</u>	<u>220.80</u>	
MILEAGE <u>192 - MEDICINE LODGE</u>		<u>125.00</u>	
		Chrg.	
			TOTAL <u>2570.80</u>

REMARKS:

RUN 4 1/2" CSG TO T.D. + BREAK LOG.
RECIPROCATING LOG 10' FOR 45 MIN.
PUMP 500 BAGS. SUPER FLUSH
MAX 150# ASC + 5# KOL - SEAL / SACK
WASH PUMP + LINES - DISPLACE WITH
15 BBLs. FRESH WATER + 63 BBLs. MUD
DOWN PLUG + BBLs - DROP OPENING
FLUG

SERVICE

DEPTH OF JOB <u>4826'</u>		
PUMP TRUCK CHARGE _____		<u>1264.00</u>
EXTRA FOOTAGE _____	@ _____	_____
MILEAGE <u>6</u>	@ <u>3.50</u>	<u>21.00</u>
PLUG _____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
TOTAL <u>1285.00</u>		

CHARGE TO: WOOLSEY OPERATING
 STREET P.O. Box 168
 CITY MED. LODGE STATE KANSAS ZIP 67104

FLOAT EQUIPMENT

<u>1 - AFU FLOAT SIDE</u>	<u>200.00</u>	<u>200.00</u>
<u>1 - LATCH DOWN PLUG</u>	@ <u>300.00</u>	<u>300.00</u>
<u>1 - BASKET</u>	@ <u>116.00</u>	<u>116.00</u>
<u>1 - DV TOOL</u>	@ <u>300.00</u>	<u>300.00</u>
<u>10 - TURBOLIZERS</u>	@ <u>55.00</u>	<u>550.00</u>
<u>20 - RECIP. SCRATCHERS</u>	@ <u>29.00</u>	<u>580.00</u>
TOTAL <u>1746.00</u>		

RECEIVED
KANSAS CORPORATION COMMISSION

JUL 28 2004

CONSERVATION DIVISION
WICHITA, KS

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 2570.80
 DISCOUNT 0000 IF PAID IN 30 DAYS

SIGNATURE Paul K. Shultz

ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING

PRINTED NAME
OCT - 6 2003

ALLIED CEMENTING CO., INC. 12793

Federal Tax I.D.#

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

SERVICE POINT:
Med. Lodge

DATE <u>9-21-03</u>	SEC. <u>30</u>	TWP. <u>32S</u>	RANGE <u>11W</u>	CALLED OUT <u>6:00 AM</u>	ON LOCATION	JOB START <u>4:30 AM</u>	JOB FINISH <u>5:00 PM</u>
LEASE <u>FENNET</u>		WELL # <u>1</u>	LOCATION <u>160+281 Jct 2155</u>		COUNTY <u>BARBER</u>	STATE <u>KANSAS</u>	
OLD OR (NEW) (Circle one)			<u>3/4", 1S, 1/4" N INTO</u>				

CONTRACTOR DUKE DRUG #4 OWNER WOOLSEY OPERATING
 TYPE OF JOB 2 STAGE - TOP STAGE
 HOLE SIZE 7 7/8" T.D. 4830'
 CASING SIZE 4 1/2" x 10.5" DEPTH 4826'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL DV TOOL DEPTH 3855'
 PRES. MAX 1500* MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 62 1/2 BBLs FRESH WATER

COMMON _____ @ _____ POZMIX _____ @ _____ GEL _____ @ _____ CHLORIDE _____ @ _____ ASC <u>115</u> @ <u>9.00</u> <u>1035.00</u> KOL-SEAL <u>575#</u> @ <u>.50</u> <u>287.50</u> SUPER FLUSH <u>500</u> @ <u>1.00</u> <u>500.00</u>	AMOUNT ORDERED <u>500 Gals. ALLIED SUPER FLUSH</u> <u>115 gal ASC + 5# KOL-SEAL/SACK</u>
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EQUIPMENT

PUMP TRUCK CEMENTER Kenal Brunardt
 # 360-302 HELPER CARL BALDING
 BULK TRUCK # 364 DRIVER TANNER FOX
 BULK TRUCK # _____ DRIVER _____

HANDLING <u>147</u>	@ <u>1.15</u>	<u>169.05</u>
MILEAGE <u>147 - MINIMUM</u>		<u>125.00</u>
TOTAL		<u>216.55</u>

REMARKS:

OPEN DV TOOL @ 2:30 PM @ 1000#
CIRCULATE FOR 2 HOURS
PUMP 500 GALS. SUPER FLUSH
PUMP 5 BBLs. FRESH WATER
PLUG RATHOLE WITH 15 gal ASC
PUMP 100 gal ASC + 5# KOL-SEAL
WASH PUMP + LINES
DISPLACE HOLE TO 3855' / 62 1/2 BBLs.
TOOL HELD

SERVICE

DEPTH OF JOB <u>3855'</u>	
PUMP TRUCK CHARGE	<u>650.00</u>
EXTRA FOOTAGE	@ _____
MILEAGE <u>6</u>	@ <u>3.50</u> <u>N/C</u>
PLUG	@ _____
TOTAL	

CHARGE TO: WOOLSEY OPERATING
 STREET P.O. Box 168
 CITY Med. Lodge STATE KANSAS ZIP 67104

FLOAT EQUIPMENT RECEIVED

KANSAS CORPORATION COMMISSION

JUL 28 2004

CONSERVATION DIVISION
WICHITA, KS

TOTAL _____

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SIGNATURE Paul S. Shelton

TAX _____
 TOTAL CHARGE 650.00
 DISCOUNT 0.00 IF PAID IN 30 DAYS
 PRINTED NAME _____