

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

RECEIVED
KANSAS CORPORATION COMMISSION

NOV 30 2004

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

CONSERVATION DIVISION
WICHITA, KS

Operator: License # 33168
Name: WOOLSEY OPERATING COMPANY, LLC
Address: 125 N. Market, Suite 1000
City/State/Zip: Wichita, Kansas 67202-1775
Purchaser: Bluestem Gas Mrktg/American Pipeline & Plains Mrktg
Operator Contact Person: Dean Pattisson, Operations Manager
Phone: (316) 267-4379 ext 107
Contractor: Name: Duke Drilling Co., Inc.
License: 5929
Wellsite Geologist: Mikeal Maune

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: _____
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. _____

7/29/04 8/4/04 9/14/04
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 007-22836 00 00
County: Barber
C SE SW Sec. 5 Twp. 32 S. R. 12 East West
660' 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: CLARKE GU Well #: 2
Field Name: Medicine River

Producing Formation: Mississippian
Elevation: Ground: 1499 Kelly Bushing: 1510
Total Depth: 4420 Plug Back Total Depth: 4367
Amount of Surface Pipe Set and Cemented at 267 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.

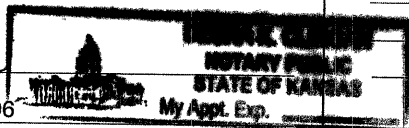
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 11,000 ppm Fluid volume 300 bbls
Dewatering method used Haul off free fluids, allow to dry naturally.
Location of fluid disposal if hauled offsite:
Operator Name: N/A
Lease Name: _____ License No.: _____
Quarter _____ 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: Dean Pattisson, Operations Manager Date: November 24, 2004
Subscribed and sworn to before me this 24th day of November,
20 04

Notary Public: Debra K. Clingan
Date Commission Expires: March 16, 2006



KCC Office Use ONLY
DENY Letter of Confidentiality Attached
If Denied, Yes Date: 12-3-04 DPW
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: **WOOLSEY OPERATING COMPANY, LLC** Lease Name: **CLARKE GU** Well #: **2**
 Sec. **5** 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 <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: Dual Induction Compensated Neutron Density Sonic	<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>3710</td> <td>-2203</td> </tr> <tr> <td>Mississippian</td> <td>4220</td> <td>-2713</td> </tr> <tr> <td>Kinderhook</td> <td>4389</td> <td>-2882</td> </tr> </table> Sonic Cement Bond	Name	Top	Datum	Lansing	3710	-2203	Mississippian	4220	-2713	Kinderhook	4389	-2882
Name	Top	Datum											
Lansing	3710	-2203											
Mississippian	4220	-2713											
Kinderhook	4389	-2882											

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	14-1/4"	10-3/4"	32# / ft	267	Class A	200	2%gel
Production	7-7/8"	4-1/2"	10.5# / ft	4419	Class H	150	10%salt, 6#Kolseal
						6% gilsonite &	.75% friction reducer

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	4220' - 4234' Mississippian	Acid: 850 gal MIRA 10% HCL acid	
		Frac: 215,000 gal treated wtr, 84,000# 16/30 Ottawa	
		& 5000# 16/30 Super LC resin coated sand	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2-3/8"	4197'	none	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
10/06/04		<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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	25	500	80	20,000:1	33.1

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

METHOD OF COMPLETION Open Hole Dually Comp. Commingled

Production Interval

NOV 30 2004

ALLIED CEMENTING CO., INC. 18177

Federal Tax I.D.#

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

SERVICE POINT: ML

DATE <u>8-5-04</u>	SEC. <u>5</u>	TWP. <u>32S</u>	RANGE <u>2W</u>	CALLED OUT <u>9:00 AM</u>	ON LOCATION <u>11:00 AM</u>	JOB START <u>8:00 AM</u>	JOB FINISH <u>7:35 AM</u>
LEASE <u>Clark</u>	WELL # <u>2</u>	LOCATION <u>Allied Shop 4W, 145, Barber</u>			COUNTY <u>Barber</u>	STATE <u>KS.</u>	
OLD OR <u>NEW</u> (Circle one)				<u>3/5</u>			

CONTRACTOR Duke #5
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 4420'
 CASING SIZE 4 1/2 x 10-5 DEPTH 4428'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 1600 MINIMUM 150
 MEAS. LINE _____ SHOE JOINT 45
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 70 Bbls 2% KCL

OWNER Woodsy Petroleum
 CEMENT
 AMOUNT ORDERED 7 Bbls Class H
500 Bbls ASF 165 sx H + 10% salt
+ 10% Gyp + 5% KOL Seal + 8% FL-160
 COMMON 165 'H' @ 9.55 1575.75
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
Cl Pro 7 gal. @ 22.90 160.30
ASF 500 gal. @ 1.00 500.00
Salt 18 @ 7.50 135.00
Gyp Seal 16 @ 17.85 285.60
FL-160 124 # @ 8.00 992.00
Kol Seal 990 # @ .50 495.00
 HANDLING 222 @ 1.35 299.70
 MILEAGE 6 min charge 150.00
 TOTAL 4593.35

EQUIPMENT
 PUMP TRUCK CEMENTER Carl B
 # 302 HELPER Dwayne W
 BULK TRUCK
 # 363 DRIVER Larry G
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:

Run casing + drop ball break circulation
+ reciprocate pipe. Circulate for 45 min.
Pump 12 Bbls ASF Plug bit with 15 sx cement
Mix + pump 150 sx Class H w/ additives
while reciprocating pipe. wash out pump
+ lines. Release plug + displace with 70 Bbls
2% KCL stop reciprocating last 5 Bbls con.
Mixed Gyp plug + float valve.

SERVICE

DEPTH OF JOB 4420'
 PUMP TRUCK CHARGE _____ 1245.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 6 @ 4.00 24.00
 _____ @ _____
 _____ @ _____
 TOTAL 1269.00

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

PLUG & FLOAT EQUIPMENT

MANIFOLD 1- AFV shoe @ 200.00 200.00
1- Hatch down plug @ 300.00 300.00
6- Turbo-cents @ 55.00 330.00
25- Recip. scratchers @ 29.00 725.00
 TOTAL 1555.00

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 _____
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Wm R Gullough

PRINTED NAME

ANY APPLICABLE TAX
 WILL BE CHARGED
 UPON INVOICING

NOV 30 2004

ALLIED CEMENTING CO., INC.

15872

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

SERVICE POINT:
Medicine Lodge

DATE <i>7-27-04</i>	SEC <i>5</i>	TWP <i>32S</i>	RANGE <i>12W</i>	CALLED OUT <i>7:45 PM</i>	ON LOCATION <i>8:30 PM</i>	JOB START <i>1:10 AM</i>	JOB FINISH <i>1:30 AM</i>
LEASE <i>Clark</i>	WELL # <i>#2</i>	LOCATION <i>Allied Shop 4w, 174</i>	COUNTY <i>Barber</i>	STATE <i>KS</i>			
OLD OR NEW (Circle one) <i>NEW</i>			<i>5' into</i>				

CONTRACTOR *Duke #LS*

TYPE OF JOB *Surface*

HOLE SIZE *19 3/4* T.D. *270'*

CASING SIZE *10 7/8* DEPTH *270'*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX *200* MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. *15'*

PERFS.

DISPLACEMENT *25 bbls freshwater*

EQUIPMENT

PUMP TRUCK CEMENTER *Carl Bolding*

352 HELPER *Tracy Cushman*

BULK TRUCK

364 DRIVER *Mike Rucker*

BULK TRUCK

DRIVER

OWNER *Woolsey Petroleum*

CEMENT

AMOUNT ORDERED

200 5x Class A + 2 1/2 gal

COMMON <i>200 A</i>	@ <i>7.85</i>	<i>1570.00</i>
POZMIX	@	
GEL <i>4</i>	@ <i>11.00</i>	<i>44.00</i>
CHLORIDE <i>7</i>	@ <i>33.00</i>	<i>231.00</i>
	@	
	@	
	@	
	@	
	@	
HANDLING <i>211</i>	@ <i>1.35</i>	<i>284.85</i>
MILEAGE <i>6</i>	min chrg	<i>150.00</i>

TOTAL *2279.85*

REMARKS:

SERVICE

Run 10 7/8 casing (bleed circulation)

Mix 200 5x A + 2 Displate

with 25 bbls freshwater

leave 5' cement in casing

+ shut in

Circulate cement to surface (5'x)

DEPTH OF JOB *270'*

PUMP TRUCK CHARGE *570.00*

EXTRA FOOTAGE @

MILEAGE *6* @ *4.00* *24.00*

TOTAL *594.00*

CHARGE TO: *Woolsey Petroleum*

STREET

CITY STATE ZIP

FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

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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.

TOTAL

TAX

TOTAL CHARGE *2873.85*

DISCOUNT *287.39* IF PAID IN 30 DAYS

SIGNATURE *[Signature]*

PRINTED NAME

ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING