

ORIGINAL

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

RECEIVED

JUN 30 2004

Form ACO-1
September 1999
Form Must Be Typed

KCC WICHITA

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

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. _____

12/13/03 12/29/03 1/27/04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 007-22782 0000
County: Barber
C NW NW Sec. 8 Twp. 32 S. R. 12 East West
660' FNL feet from S / N (circle one) Line of Section
660' 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 Well #: 1
Field Name: Medicine River

Producing Formation: Mississippian
Elevation: Ground: 1488' Kelly Bushing: 1497'
Total Depth: 4741' Plug Back Total Depth: 4421'
Amount of Surface Pipe Set and Cemented at 268' 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 8000 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: BEMCO
Lease Name: Mac SWD License No.: 32613
Quarter _____ Sec. 8 Twp. 32 S. R. 12 East West
County: Barber Docket No.: C-21,045

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: June 29, 2004
Subscribed and sworn to before me this 29th day of June,
20 04
Notary Public: _____
Debra K. Clingan
Date Commission Expires: March 16, 2006

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: WOOLSEY OPERATING COMPANY, LLC Lease Name: CLARKE Well #: 1
 Sec. 8 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 <input type="checkbox"/> Sonic Cement Bond Compensated Neutron Density <input type="checkbox"/> Sonic <input type="checkbox"/> Micro <input type="checkbox"/>	<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>3708</td> <td>-2211</td> </tr> <tr> <td>Mississippian</td> <td>4215</td> <td>-2718</td> </tr> <tr> <td>Kinderhook</td> <td>4384</td> <td>-2887</td> </tr> <tr> <td>Viola</td> <td>4485</td> <td>-2988</td> </tr> <tr> <td>Arbuckle</td> <td>4696</td> <td>-3189</td> </tr> </table>	Name	Top	Datum	Lansing	3708	-2211	Mississippian	4215	-2718	Kinderhook	4384	-2887	Viola	4485	-2988	Arbuckle	4696	-3189
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Arbuckle	4696	-3189																	

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	224	60/40 poz	200	2%gel, 3%cc
Production	7-7/8"	4-1/2"	10.5# / ft	4465	Class H	150	10%gyp, 10%salt, 6% gilsonite

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	4216'-4234' Mississippian	Acid: 1000 gal 10% HCL acid, 1000 gal MCA	
		Frac: 84,000# 16/30 Ottawa & 5000#	
		16/30 Super LC resin coated sand	

TUBING RECORD		Size <u>none</u> Set At <u>none</u> Packer At <u>none</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. March 22, 2004		Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls. 15	Gas Mcf 250	Water Bbls. 23 Gas-Oil Ratio 16,666:1 Gravity 35

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 _____

ALLIED CEMENTING CO., INC. 14633

Federal Tax I.D. # XXXXXXXXXX

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

SERVICE POINT Mud Lodge

DATE <u>12-31-03</u>	SEC. <u>8</u>	TWP. <u>32S</u>	RANGE <u>12W</u>	CALLED OUT <u>5:00 PM</u>	ON LOCATION <u>6:30 PM</u>	JOB START <u>10:45 PM</u>	JOB FINISH <u>11:00 PM</u>
LEASE <u>Chisic</u>	WELL # <u>1</u>	LOCATION <u>Allied shop</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one)		<u>4W 1345 to Curve 5 into</u>					

CONTRACTOR <u>Duke #4</u>	OWNER <u>Woolsey Operating</u>
TYPE OF JOB <u>Snagging</u>	CEMENT AMOUNT ORDERED <u>200 5x 60.40.2 + 3% cc</u>
HOLE SIZE <u>10 3/4</u>	T.D. <u>230</u>
CASING SIZE <u>10 3/4 x 32</u>	DEPTH <u>226</u>
TUBING SIZE _____	DEPTH _____
DRILL PIPE _____	DEPTH _____
TOOL _____	DEPTH _____
PRES. MAX <u>200 #</u>	MINIMUM _____
MEAS. LINE _____	SHOE JOINT _____
CEMENT LEFT IN CSG. <u>15'</u>	PERFS. _____
DISPLACEMENT <u>203 BBLs Fresh #30</u>	

EQUIPMENT

PUMP TRUCK # <u>352</u>	CEMENTER <u>Justin Hart</u>		
	HELPER <u>David Felio</u>		
BULK TRUCK # <u>364</u>	DRIVER <u>Thad Cantrell</u>	HANDLING <u>211</u>	@ <u>1.15</u> <u>242.65</u>
BULK TRUCK # _____	DRIVER _____	MILEAGE <u>211 x 6</u>	@ <u>K.05</u> <u>1251.00</u>
			Min chrg
			TOTAL <u>1779.65</u>

REMARKS:

Ape on RTM Break Circ
31 BBLs Fresh #30
200 5x 60.40.2 + 3% cc @ 14.8 #
Disp. 203 BBLs Fresh #30
Leaking 15' cement in CSG
Shut Head in @ 200 #
Circulated Cement

SERVICE

DEPTH OF JOB <u>230</u>	
PUMP TRUCK CHARGE _____	<u>520.00</u>
EXTRA FOOTAGE _____	@ _____
MILEAGE <u>6</u>	@ <u>3.50</u> <u>21.00</u>
PLUG _____	@ _____
	@ _____
	@ _____

TOTAL 541.00

CHARGE TO: Woolsey Operating

STREET _____

CITY _____ STATE _____ ZIP _____

JAN 12 2004

FLOAT EQUIPMENT

_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____

TOTAL _____

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 ~~2000.00~~

DISCOUNT ~~1000.00~~ IF PAID IN 30 DAYS

SIGNATURE Rich Wheeler

Rich Wheeler
PRINTED NAME

ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING

RECEIVED
JUN 30 2004
KCC WICHITA

ALLIED CEMENTING CO., INC. 15033

Federal Tax I.D.# XXXXXXXXXX

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

SERVICE POINT:
Medicine D.G.

DATE <u>1-10-04</u>	SEC. <u>08</u>	TWP. <u>32S</u>	RANGE <u>12W</u>	CALLED OUT <u>10:30 P.M.</u>	ON LOCATION <u>12:30 AM</u>	JOB START <u>8:00 AM</u>	JOB FINISH <u>8:45 AM</u>
LEASE <u>Clarke</u>		WELL # <u>#1</u>	LOCATION <u>Allied Shop 4W</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>1 1/2 S into</u>				

CONTRACTOR Duke #4
 TYPE OF JOB long string
 HOLE SIZE 7 7/8 T.D. 4741
 CASING SIZE 4 1/2 DEPTH 4465
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 DEPTH 4465
 TOOL _____ DEPTH _____
 PRES. MAX 700 PSI MINIMUM 100 PSI
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT Kal/Water 70 1/2 Bbls

OWNER Woolsey Operating
 CEMENT
 AMOUNT ORDERED 1165 SX H + 10% GYP
10% SALT + 6% Kal-Seal, 8% FI-160
500 gals, ASF 8 gals, Clapro
 COMMON 1165 "H" @ 8.70 1435.50
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE Clapro 8 @ 22.90 183.20
Gyp Seal -16 @ 17.85 285.60
Salt -18 @ 7.50 135.00
Kal Seal 990 # @ .50 495.00
FI-160 124 # @ 8.00 992.00
ASF 500 gl. @ 1.00 500.00
 HANDLING 230 @ 1.15 264.50
 MILEAGE 6 x 230 x .05 125.00
 Min chg.
 TOTAL 4415.80

REMARKS:

SERVICE

P.P.C on Bottom Break Cide
Pump 12 Bbls, ASF Plug Rent w/
150 cement Mix 150 SX H + 10% GYP
10% SALT w/ Kal-Seal, 8% FI-160. Shut
Down wash Pump & lines Displace
w/ 29% Kal/Water - slow Rate Pump
Plug Float Del Hold Wash up Rig
Down.

DEPTH OF JOB 4465
 PUMP TRUCK CHARGE _____ 1195.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 6 @ 3.50 21.00
 PLUG _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL 1216.00

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

FLOAT EQUIPMENT

4 1/2
 1-AFU Float shoe @ 200.00 200.00
 1-Latch Down Plug @ 300.00 300.00
 1-Basket @ 116.00 116.00
 6-TURBOLERS @ 55.00 330.00
 19-SATA h-rs @ 29.00 551.00
 Reciprocating
 TOTAL 1497.00

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 ~~4415.80~~
 DISCOUNT ~~2200.00~~ IF PAID IN 30 DAYS

SIGNATURE [Signature] Allen F. Dick
 PRINTED NAME

**ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING**

RECEIVED
JUN 30 2004
KCC WICHITA