

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32566
Name: Cleary Petroleum Corporation
Address: 2601 NW Expressway, Suite 801W
City/State/Zip: Oklahoma City, OK 73112
Purchaser: Westana
Operator Contact Person: William I. Churchill
Phone: (405) 848-5019
Contractor: Name: _____
License: _____

RECEIVED
MAY 14 2004
KCC WICHITA

Wellsite Geologist: _____
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: Cleary Petroleum Corporation
Well Name: Woolsey #1-8
Original Comp. Date: 01/07/00 Original Total Depth: 5225'
____ 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. _____
01/21/04 Date Reached TD 01/21/04 Completion Date or Recompletion Date
Spud Date or Recompletion Date

API No. 15 - 007 226066
County: Barber
____ SW ____ SE Sec. 8 Twp. 35 S. R. 15 East West
450 feet from (S) N (circle one) Line of Section
2185 feet from (E) W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Woolsey Well #: 1-8
Field Name: Aetna Gas Area
Producing Formation: Mississippi
Elevation: Ground: 1697 Kelly Bushing: 1705
Total Depth: 5225' Plug Back Total Depth: 5190'
Amount of Surface Pipe Set and Cemented at 261 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.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

ALT I WITHM 10-16-06

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: William I. Churchill
Title: VICE PRESIDENT Date: 5/11/04
Subscribed and sworn to before me this 11 day of May,
2004.
Notary Public: Shelly Quimby
Date Commission Expires: 10-24-2007



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

Operator Name: Cleary Petroleum Corporation Lease Name: Woolsey Well #: 1-8
 Sec. 8 Twp. 35 S. R. 15 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chase	2298	-593
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	B. Heebner	4188	-2483
List All E. Logs Run:		Cherokee	5052	-3347
		Miss.	5088	-3383
		TD	5225	

CASING RECORD <input checked="" type="checkbox"/> New <input checked="" 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	12 1/4"	8 5/8" new	24.0	261	Poz Mix	175	2 % gel; 3 % cc
Production	7 7/8"	4 1/2" used	11.6	5224	ASC	150	ASC

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 <i>(Amount and Kind of Material Used)</i>	Depth
2	5090'-5106'; 5126'-30'; 5140'-47'	750 g. 7 1/2% HCl; Frac w/21,000 g. 65Q	
	Re-frac	N2 foam + 70,000# 20-40 Sd.	
2	5152'-64'; 5172'-80'	5000 g 15% NE-FE/HCl; frac w/ 4755 Bbl	
		gelled water + 36,430# 20/40 Sd.	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8"	5083'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.	Producing Method			
02/19/04	<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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio
	10	99	20	9900

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 _____