

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

CONFIDENTIAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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 Pattisson, Operations Manager
Phone: (316) 267-4379 ext 107
Contractor: Name: Duke Drilling Co., Inc.
License: 5929
Wellsite Geologist: Wesley D. Hansen

API No. 15 - 007-22859-00-00
County: Barber
C - NE - NW - SE Sec. 2 Twp. 34 S. R. 11 East West
2310 feet from (S) N (circle one) Line of Section
1650 feet from (E) W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: CIRCLE Well #: 1
Field Name: Roundup South

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: 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. _____

10/18/04 10/30/04 11/16/04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

Producing Formation: Simpson
Elevation: Ground: 1423 Kelly Bushing: 1434
Total Depth: 5217 Plug Back Total Depth: 5153
Amount of Surface Pipe Set and Cemented at 229 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 14,000 ppm Fluid volume 732 bbls
Dewatering method used Haul off free fluids and allow to dehydrate

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.: _____

KCC
FEB 15 2005
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RECEIVED
KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WICHITA, KS
FEB 15 2005

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: 2/15/05
Subscribed and sworn to before me this 15th day of February,
20 05

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

DEBRA K. CLINGAN
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 3-15-06

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: CIRCLE Well #: 1
 Sec. 2 Twp. 34 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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input 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	Heebner	3639 - 2206
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mississippian	4580 - 3146
List All E. Logs Run:		Viola	4896 - 3462
Compensated Neutron Density	Sonic Cement Bond	Simpson Shale	4993 - 3559
Array Dual Induction		Arbuckle	5176 - 3742

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"	30 #/ft	229'	Class A	200	2%gel, 3%cc
Production	7-7/8"	5-1/2"	15.5 #/ft	5197'	Class A	185	10% salt, 10% Gypseal,
						6% Kalseal, 5%	Fluid loss, 1/4# Celloflake

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
6	5018'-5020' Simpson	none	

TUBING RECORD		Size 2-3/8"	Set At 5020'	Packer At none	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 1/2/05		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. 50	Gas Mcf - 0 -	Water Bbls. - 0 -	Gas-Oil Ratio n/a	Gravity 45

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)

