

8/21/09

CONFIDENTIAL

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 # 33168
Name: WOOLSEY OPERATING COMPANY, LLC
Address: 125 N. Market, Suite 1000
City/State/Zip: Wichita, Kansas 67202
Purchaser: Bluestem Gas Marketing / 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: Billy G. Klaver

API No. 15 - 007-23140 0000
County: Barber
SE SW SE Sec. 6 Twp. 34 S. R. 11 East West
330' FSL _____ feet from (S) / N (circle one) Line of Section
1650' FEL _____ feet from (E) / W (circle one) Line of Section

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

Field Name: Rhodes South
Producing Formation: Mississippian
Elevation: Ground: 1451 Kelly Bushing: 1462
Total Depth: 5180 Plug Back Total Depth: 5134
Amount of Surface Pipe Set and Cemented at 276 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 cm.

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW 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. _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
<u>04/23/2007</u>	<u>05/05/2007</u>	<u>06/04/2007</u>

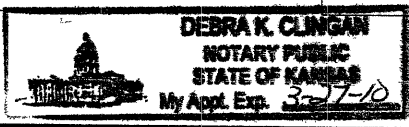
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 16,000 ppm Fluid volume 1000 bbls
Dewatering method used Haul off free fluids and allow to dehydrate
Location of fluid disposal if hauled offsite:
Operator Name: Moltz Oil
Lease Name: Molts SWD License No.: 6006
Quarter _____ Sec. 6 Twp. 35 S. R. 11 East West
County: Barber Docket No.: D- 9771

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: 08/21/2007
Subscribed and sworn to before me this 21st day of August,
20 07.
Notary Public: Debra K. Clingan
Date Commission Expires: March 27, 2010

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



AUG 21 2007
CONSERVATION DIVISION
WICHITA, KS