

KCC

AUG 10 2005

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

CONFIDENTIAL

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

CONFIDENTIAL

Operator: License # 33168
Name: WOOLSEY OPERATING COMPANY, LLC
Address: 125 N. Market, Suite 1000
City/State/Zip: Wichita, Kansas 67202-1775
Purchaser: Bluestem Gas Mktg & American Pipeline / Plains Mktg
Operator Contact Person: Dean Pattisson, Operations Manager
Phone: (316) 267-4379 ext 107
Contractor: Name: Duke Drilling Co., Inc.
License: 5929
Wellsite Geologist: none

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: Rine Exploration Company
Well Name: Orr 1-7

Original Comp. Date: 10/08/87 Original Total Depth: 4440
 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. _____

04/15/05 04/16/05 05/12/05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 007-22167-00-01
County: Barber
75'S SE NW SE Sec. 7 Twp. 32 S. R. 12 East West
1575' 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: Orr Well #: 1
Field Name: Medicine River SW

Producing Formation: Mississippian
Elevation: Ground: 1562 Kelly Bushing: 1573
Total Depth: 4440 Plug Back Total Depth: 4380
Amount of Surface Pipe Set and Cemented at 360 (existing) 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 ALT II WITHIN
(Data must be collected from the Reserve Pit) 8-13-07
Chloride content n/a ppm Fluid volume n/a bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: Oil Producers
Lease Name: Rich C-9 SWD License No.: 8061
Quarter _____ Sec. 22 Twp. 32 S. R. 19 East West
County: Comanche Docket No.: D-28178

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KANSAS CORPORATION COMMISSION
AUG 12 2005

CONSERVATION DIVISION
WICHITA, KS

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.

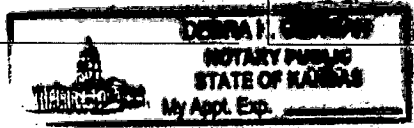
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: _____
Title: Dean Pattisson, Operations Manager Date: _____

Subscribed and sworn to before me this 5th day of August,
20 05

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

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



Operator Name: WOOLSEY OPERATING COMPANY, LLC Lease Name: Orr Well #: 1
 Sec. 7 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Sonic Cement Bond	<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>Onaga</td> <td>2695</td> <td>- 1118</td> </tr> <tr> <td>Heebner</td> <td>3583</td> <td>- 2006</td> </tr> <tr> <td>Douglas</td> <td>3631</td> <td>- 2054</td> </tr> <tr> <td>Cherokee</td> <td>4286</td> <td>- 2709</td> </tr> <tr> <td>Mississippian</td> <td>4294</td> <td>- 2717</td> </tr> </table>	Name	Top	Datum	Onaga	2695	- 1118	Heebner	3583	- 2006	Douglas	3631	- 2054	Cherokee	4286	- 2709	Mississippian	4294	- 2717
Name	Top	Datum																	
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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	existing	8-5/8"		360		225 sx	
Production	7-7/8"	4-1/2"	10.5 #/ft	4328	Scavenger	50 sx	
						100 sx	10%gyp, 10%salt, 6%Kolsel, 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				

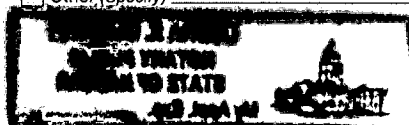
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	
			Depth
4	4296 - 4316 Mississippian	Acid: 1150 gal 10% HCL MIRA	same
		Frac: 42,000# 30/70, 42,000# 20/40 sand, 9000# 20/40 resin sand & 210,000 gal KCL wtr	same

TUBING RECORD		Size 2-3/8" x 4.7#	Set At 4297	Packer At none	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 06/28/2005			Producing Method <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. 7	Gas Mcf 37	Water Bbls. 90	Gas-Oil Ratio 5285:1	Gravity

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: _____



CONFIDENTIAL

ALLIED CEMENTING CO., INC.

ORIGINAL 20432

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

SERVICE POINT:
MEDICINE LODGE

DATE <u>4-16-05</u>	SEC. <u>7</u>	TWP. <u>32s</u>	RANGE <u>12W</u>	CALLED OUT <u>10:00 AM</u>	ON LOCATION <u>1:30 PM</u>	JOB START <u>6:10 AM</u>	JOB FINISH <u>7:00 PM</u>
LEASE <u>ORR #1</u>	WELL # <u>1</u>	LOCATION <u>160 + Cup Hill Rd. 2W</u>		COUNTY <u>BARBER</u>	STATE <u>KANSAS</u>		
OLD OR NEW (Circle one) <u>NEW</u>		<u>1/2, 9 INTO</u>					

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AUG 10 2005

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CONTRACTOR <u>DUKE #5</u>	OWNER <u>WOOLSEY OPERATING CO.</u>
TYPE OF JOB <u>PROD. CASING</u>	CEMENT
HOLE SIZE <u>7 7/8"</u> T.D. <u>4440'</u>	AMOUNT ORDERED <u>500 BAGS. ASF, 500 BAGS MUD CLEAN</u>
CASING SIZE <u>4 1/2"</u> 10.5# DEPTH <u>4436'</u>	<u>75# 60:40:1 + 4:1 SMS</u>
TUBING SIZE _____ DEPTH _____	<u>100# 4 + 10% GYP + 10% SALT + 6# K-S + 8% FL-100</u>
DRILL PIPE _____ DEPTH _____	<u>+ 4# FL-SEAL</u>
TOOL _____ DEPTH _____	COMMON <u>4</u> @ <u>10.50</u> <u>10.50.00</u>
PRES. MAX <u>1500#</u> MINIMUM _____	POZMIX <u>30</u> @ <u>4.70</u> <u>141.00</u>
MEAS. LINE _____ SHOE JOINT <u>40.99'</u>	GEL <u>4</u> @ <u>14.00</u> <u>56.00</u>
CEMENT LEFT IN CSG. _____	CHLORIDE @ _____
PERFS. _____	FL-SEAL <u>25#</u> @ <u>1.70</u> <u>42.50</u>
DISPLACEMENT <u>72 BB6 2 1/2 KCL</u>	<u>CLASS A</u> <u>45</u> @ <u>8.70</u> <u>391.50</u>
EQUIPMENT _____	<u>CUP-SEAL</u> <u>9</u> @ <u>19.15</u> <u>172.35</u>
PUMP TRUCK CEMENTER <u>KEVIN DUNNARDT</u>	<u>SALT</u> <u>11</u> @ <u>7.90</u> <u>86.90</u>
# <u>343</u> HELPER <u>DENNIS CUSHENBERY</u>	<u>ROL-SEAL</u> <u>600#</u> @ <u>.60</u> <u>360.00</u>
BULK TRUCK _____	<u>FL-160</u> <u>75#</u> @ <u>8.70</u> <u>652.50</u>
# <u>364</u> DRIVER <u>JUNIOR FREEMAN</u>	<u>SUPER FLUSH</u> <u>500GN</u> @ <u>1.00</u> <u>500.00</u>
BULK TRUCK _____	<u>MUD CLEAN</u> <u>500GN</u> @ <u>1.00</u> <u>500.00</u>
# _____ DRIVER _____	<u>CLARO</u> <u>7</u> @ <u>22.90</u> <u>160.30</u>
	HANDLING <u>213</u> @ <u>1.60</u> <u>340.80</u>
	MILEAGE <u>MANHATTAN</u> <u>180.00</u>

REMARKS: **RECEIVED**
KANSAS CORPORATION COMMISSION

TOTAL 4633.85

AUG 12 2005

SERVICE

SEE JOB LOG

CONSERVATION DIVISION OF JOB 4436'
WICHITA, KS

PUMP TRUCK CHARGE		<u>1370.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>5</u>	@ <u>5.00</u>	<u>25.00</u>
MANIFOLD	@	
<u>HEAD RENTAL</u>	@ <u>75.00</u>	<u>75.00</u>
	@	

TOTAL 1470.00

CHARGE TO: WOOLSEY OPERATING
 STREET P.O. Box 168
 CITY MED. LODGE STATE KANSAS ZIP 67104

PLUG & FLOAT EQUIPMENT

<u>4 1/2"</u>		
<u>1- AFV FLOAT SHOE</u>	@ <u>200.00</u>	<u>200.00</u>
<u>1- L/DOWN AUG</u>	@ <u>300.00</u>	<u>300.00</u>
<u>6-TURBOLIZERS</u>	@ <u>55.00</u>	<u>330.00</u>
<u>25-TURBOLATERS</u>	@ <u>29.00</u>	<u>435.00</u>
	@	

TOTAL 1265.00

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.

ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING

SIGNATURE [Signature]

TAX _____
 TOTAL CHARGE [Crossed out]
 DISCOUNT [Crossed out] IF PAID IN 30 DAYS
Allen F. Dick
 PRINTED NAME