

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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: n/a
 Operator Contact Person: Dean Pattison, Operations Manager
 Phone: (316) 267-4379 ext 107
 Contractor: Name: HARDT DRILLING
 License: 33902
 Wellsite Geologist: BILLY KLAVER
 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: 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. _____

| | | |
|-----------------------------------|-------------------|---|
| <u>02/09/2008</u> | <u>02/18/2008</u> | <u>02/19/2008</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 095-22130 0000
 County: KINGMAN
 NW NE NE SW Sec. 8 Twp. 30 S. R. 6 East West
2515 feet from (S) N (circle one) Line of Section
1990 feet from E (W) (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW (SW)
 Lease Name: MESSINGER A Well #: 1
 Field Name: WILDCAT
 Producing Formation: n/a
 Elevation: Ground: 1395 Kelly Bushing: 1405
 Total Depth: 4550 Plug Back Total Depth: n/a
 Amount of Surface Pipe Set and Cemented at 221 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.

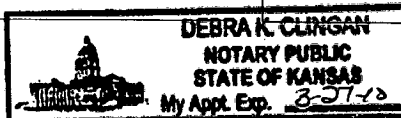
Drilling Fluid Management Plan AH 1 NCR 7-29-08
 (Data must be collected from the Reserve Pit)
 Chloride content 14,700 ppm Fluid volume 1100 bbls
 Dewatering method used Haul off free fluids and allow to dehydrate
 Location of fluid disposal if hauled offsite: _____
 Operator Name: n/a
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

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 Pattison, Operations Manager Date: 7/17/08
 Subscribed and sworn to before me this 17th day of JULY,
 20 08.
 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
JUL 17 2008



CONSERVATION DIVISION
WICHITA, KS

Operator Name: WOOLSEY OPERATING COMPANY, LLC Lease Name: MESSENGER A Well #: 1
 Sec. 8 Twp. 30 S. R. 6 East West County: KINGMAN

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Name | Top | Datum |
| Cores Taken | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Heebner | 3000 | - 1595 |
| Electric Log Run <i>(Submit Copy)</i> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Douglas | 3047 | - 1642 |
| List All E. Logs Run: | | Lansing | 3240 | - 1835 |
| Compensated Neutron Density | | Hertha | 3704 | -2299 |
| Dual Induction | | Mississippian | 4086 | - 2681 |
| Sonic | | Viola | 4464 | - 3059 |
| | | Simpson | 4474 | - 3069 |
| | | RTD | 4550 | - 3145 |

| 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 | 12 1/4" | 8 5/8" | 24# / ft | 221 | Class A | 225 | 2% gel, 3% cc |
| | | | | | | | |
| | | | | | | | |

| 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 | | | | |

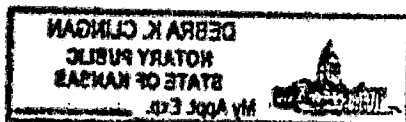
| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i> | Depth |
|----------------|---|--|-------|
| | n/a | | |
| | | | |
| | | | |
| | | | |

| | | | | | | |
|--|-----------|---------|--|---------------|-----------|--|
| TUBING RECORD | | Size | Set At | Packer At | Liner Run | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | n/a | | | | |
| Date of First, Resumerd Production, SWD or Enhr. | | | Producing Method | | | |
| n/a | | | <input 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 | 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: _____





WOOLSEY OPERATING COMPANY, LLC

125 NORTH MARKET, SUITE 1000, WICHITA, KANSAS 67202-1775 (316) 267-4379

FAX (316) 267-4383

July 17, 2008

Mr. Steve Bond
Kansas Corporation Commission
130 S Market
Rm 2078
Wichita KS 67202

RE: **Messenger A-1**
Section 8-T30S-R6W
Kingman County, Kansas
API# 15-095-22130 00 00---

Enclosed please find our ACO-1 Well History form completed, in triplicate, for the above referenced well. Copies of the cement tickets, drill stem test reports, geologist's report and logs are attached to the original. Logs include: Neutron Density, Dual Induction, Sonic and Cement Bond log.

Also attached is the plugging record with a copy of that cement ticket.

Yours very truly,

Debra K. Clingan
Production Assistant

RECEIVED
KANSAS CORPORATION COMMISSION

JUL 17 2008

CONSERVATION DIVISION
WICHITA, KS

/dkc
Enclosures

*Mr. Cpt
rec'd.
Call opa.
to ck. on.
All memos
3/18/08*

ALLIED CEMENTING CO., LLC. 31482

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

SERVICE POINT:

Med Lodge

| | | | | | | | |
|------------------------------------|--------------------|----------------------------------|------------------|--------------------------|---------------------------|-------------------------|--------------------------|
| DATE <u>2-9-08</u> | SEC. <u>8</u> | TWP. <u>30S</u> | RANGE <u>06W</u> | CALLED OUT <u>1:00pm</u> | ON LOCATION <u>3:00pm</u> | JOB START <u>5:00pm</u> | JOB FINISH <u>5:30pm</u> |
| LEASE <u>Messenger</u> | WELL # <u>10-1</u> | LOCATION <u>Rango 14 + 42 pt</u> | | COUNTY <u>Kingman</u> | STATE <u>KS</u> | | |
| OLD OR NEW (Circle one) <u>NEW</u> | | <u>4E 3/8 5 E into</u> | | | | | |

CONTRACTOR Hault #7

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 219

CASING SIZE 8 5/8 DEPTH 221

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 300 MINIMUM _____

MEAS. LINE _____ SHOE JOINT 10ft

CEMENT LEFT IN CSG. 10ft

PERFS. _____

DISPLACEMENT 13 bbls fresh

EQUIPMENT _____

PUMP TRUCK # 372 CEMENTER Mars

BULK TRUCK # 389 HELPER Dari

BULK TRUCK # _____ DRIVER Randy M

BULK TRUCK # _____ DRIVER _____

OWNER Woolsey Opu

CEMENT AMOUNT ORDERED 225 of A 3+2

50 lbs sugar

| | | | | |
|----------|-----------------------|---|--------------|----------------------|
| COMMON | <u>225 A</u> | @ | <u>14.20</u> | <u>3195.00</u> |
| POZMIX | | @ | | |
| GEL | <u>4</u> | @ | <u>18.75</u> | <u>75.00</u> |
| CHLORIDE | <u>8</u> | @ | <u>52.45</u> | <u>419.60</u> |
| ASC | | @ | | |
| | <u>Sugar 50</u> | @ | <u>1.15</u> | <u>57.50</u> |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| HANDLING | <u>237</u> | @ | <u>2.15</u> | <u>509.55</u> |
| MILEAGE | <u>50 x 237 x .09</u> | | | <u>1066.50</u> |
| | | | | TOTAL <u>5323.15</u> |

REMARKS:

Line on bottom + circulate pump
2 bbls fresh mix 225 of A 3+2
Shut down pump release plug
start displacement pump
13 bbls + shut in
Cement did circulate

Thank you!

SERVICE

| | | | |
|----------------------|-------------|---|---------------|
| DEPTH OF JOB | <u>221'</u> | | |
| PUMP TRUCK CHARGE | | | <u>917.00</u> |
| EXTRA FOOTAGE | | @ | |
| MILEAGE | <u>50</u> | @ | <u>7.00</u> |
| MANIFOLD | | @ | |
| <u>Head rental</u> | | @ | <u>113.00</u> |
| | | @ | |
| TOTAL <u>1380.00</u> | | | |

CHARGE TO: Woolsey

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

| | | | |
|-----------------------|---|--------------|--------------|
| <u>8 5/8</u> | | | |
| <u>1- wooden Plug</u> | @ | <u>68.00</u> | <u>68.00</u> |
| | @ | | |
| | @ | | |
| | @ | | |
| TOTAL <u>68.00</u> | | | |

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cement and helper(s) 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 and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____

TOTAL CHARGES 1380.00

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____

SIGNATURE Scott Adelman

ANY APPLICABLE TAX WILL BE CHARGED UPON INVOICING

RECEIVED
KANSAS CORPORATION COMMISSION
JUL 17 2008
CONSERVATION DIVISION
WICHITA, KS

kel
7/18/08

ALLIED CEMENTING CO., LLC. 31309

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

SERVICE POINT:
Medicine Lodge, KS.

| | | | | | | | |
|------------------------------------|---------------|-------------------|-------------------------------------|---------------------------|----------------------------|--------------------------|----------------------------|
| DATE <u>2-19-08</u> | SEC. <u>8</u> | TWP. <u>30s</u> | RANGE <u>06 W</u> | CALLED OUT <u>3:30 AM</u> | ON LOCATION <u>7:30 AM</u> | JOB START <u>9:15 AM</u> | JOB FINISH <u>10:00 AM</u> |
| LEASE <u>Messenger A-1</u> | | WELL # <u>A-4</u> | LOCATION <u>Rago, KS. 14+42 Jct</u> | COUNTY <u>Kingman</u> | | STATE <u>Kansas</u> | |
| OLD OR NEW (Circle one) <u>NEW</u> | | | LOCATION <u>4 East 1/8 S, E/S</u> | | | | |

| | |
|---|---|
| CONTRACTOR <u>Hardt Rig #1</u> | OWNER <u>Woolsey Operating Co.</u> |
| TYPE OF JOB <u>Rotary Plug</u> | CEMENT AMOUNT ORDERED <u>145 sx 60:40:4%Gel</u> |
| HOLE SIZE <u>7 7/8"</u> T.D. | |
| CASING SIZE <u>8 5/8"</u> DEPTH <u>219'</u> | |
| TUBING SIZE DEPTH | |
| DRILL PIPE <u>4 1/2"</u> DEPTH <u>1150'</u> | |
| TOOL DEPTH | |
| PRES. MAX <u>200</u> MINIMUM <u>---</u> | |
| MEAS. LINE SHOE JOINT | |
| CEMENT LEFT IN CSG. | |
| PERFS. | |
| DISPLACEMENT <u>Mud/Fish</u> | |
| EQUIPMENT | |
| PUMP TRUCK # <u>1343</u> CEMENTER <u>Carl Balding</u> | |
| BULK TRUCK # <u>389</u> DRIVER <u>Heath McMuray</u> | |
| BULK TRUCK # DRIVER | |

| | | | | | |
|----------|------------|---|------------|--------------|----------------------|
| COMMON | <u>87</u> | A | @ | <u>14.20</u> | <u>1235.40</u> |
| POZMIX | <u>58</u> | | @ | <u>7.20</u> | <u>417.60</u> |
| GEL | <u>5</u> | | @ | <u>18.75</u> | <u>93.75</u> |
| CHLORIDE | | | @ | | |
| ASC | | | @ | | |
| HANDLING | <u>150</u> | | @ | <u>2.15</u> | <u>322.50</u> |
| MILEAGE | <u>50</u> | X | <u>150</u> | X | <u>0.09</u> |
| | | | | | TOTAL <u>2744.25</u> |

REMARKS:

Ramp 35 sx - 1150'

35 sx - 800'

35 sx - 270'

25 sx - 60'

15 sx - Rattle

| | | | | | |
|-------------------|--------------|--|---|-------------|----------------------|
| SERVICE | | | | | |
| DEPTH OF JOB | <u>1150'</u> | | | | |
| PUMP TRUCK CHARGE | | | | | <u>917.00</u> |
| EXTRA FOOTAGE | | | @ | | |
| MILEAGE | <u>50</u> | | @ | <u>7.00</u> | <u>350.00</u> |
| MANIFOLD | | | @ | | |
| | | | | | TOTAL <u>1267.00</u> |

CHARGE TO: Woolsey Operating

STREET _____

CITY _____ STATE _____ ZIP _____

RECEIVED
KANSAS CORPORATION COMMISSION

To Allied Cementing Co., LLC. **JUL 17 2008**

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) 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 and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Mark E. Stamps

SIGNATURE MARK E STAMPS

| | | | | | |
|-----------------------------------|--|--|---|--|-------------|
| PLUG & FLOAT EQUIPMENT | | | | | |
| | | | @ | | |
| | | | @ | | |
| | | | @ | | |
| | | | @ | | |
| | | | @ | | |
| | | | | | TOTAL _____ |
| SALES TAX (If Any) _____ | | | | | |
| TOTAL CHARGES <u>1267.00</u> | | | | | |
| DISCOUNT _____ IF PAID IN 30 DAYS | | | | | |

ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING