

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

RECEIVED
KANSAS CORPORATION COMMISSION

FEB 29 2008

Form ACO-1
September 1999
Form Must Be Typed

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

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. _____

09/15/2004 09/21/2004 09/22/2004
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 007-22853 0000
County: Barber
Ap SW SE NE Sec. 4 Twp. 30 S. R. 11 East West
2260 feet from S N (circle one) Line of Section
990 feet from E W (circle one) Line of Section

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

Producing Formation: n/a
Elevation: Ground: 1817 Kelly Bushing: 1828
Total Depth: 2940 Plug Back Total Depth: n/a
Amount of Surface Pipe Set and Cemented at 250 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.

Drilling Fluid Management Plan *ALT IWH*
(Data must be collected from the Reserve Pit) *3-11-08*
Chloride content 7500 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: n/a
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: D-

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.

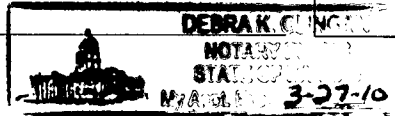
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

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

Subscribed and sworn to before me this 29th day of February,
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



JAN 11 1990

Operator Name: WOOLSEY OPERATING COMPANY, LLC Lease Name: MEASE
 Sec. ⁴ Twp. ³⁰ 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 Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 Chase 1948 -120
 Onaga 2724 -896
 Stotler 2918 -1090

List All E. Logs Run:

Compensated Neutron Density
 Dual Induction
 Sonic

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 3/4"	10 3/4"	32# / ft	250	Class A	370	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	Acid, Fracture, Shot, Cement Squeeze Record	Depth
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	
	n/a		

TUBING RECORD	Size	Set At	Packer At	Liner Run
	n/a			<input type="checkbox"/> Yes <input type="checkbox"/> No

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 Bbbls.	Gas Mcf	Water Bbbls.	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 n/a

Production Interval Other (Specify) _____



ALLIED CEMENTING CO., INC. 17373

Federal Tax I.I

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

SERVICE POINT: ML

DATE <u>9-15-04</u>	SEC. <u>4</u>	TWP. <u>30S</u>	RANGE <u>11W</u>	CALLED OUT <u>9:30 AM</u>	ON LOCATION <u>11:00 PM</u>	JOB START <u>1:30 AM</u>	JOB FINISH <u>5:00 AM</u>
LEASE <u>Mess</u>	WELL # <u>1</u>	LOCATION <u>Isabel 1s, 19 EN</u>	COUNTY <u>Lincoln</u>	STATE <u>KS.</u>			
OLD OR NEW (Circle one) <u>NEW</u>							

CONTRACTOR Duke #5

TYPE OF JOB Surface

HOLE SIZE 14 3/4 T.D. 255'

CASING SIZE 10 3/4 DEPTH 250'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 400 MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 23 1/4 Bbls water

EQUIPMENT

OWNER Woolsey Petroleum

CEMENT AMOUNT ORDERED

200 sx Class A + 3icc + 2.1 gel

120 sx Class A + 3icc

COMMON <u>320 A</u>	@ <u>7.85</u>	<u>2512.00</u>
POZMIX _____	@ _____	_____
GEL <u>4</u>	@ <u>11.00</u>	<u>44.00</u>
CHLORIDE <u>11</u>	@ <u>33.00</u>	<u>363.00</u>
ASC _____	@ _____	_____

KANSAS CORPORATION COMMISSION

FEB 29 2008

CONSERVATION DIVISION
WICHITA, KS

HANDLING <u>335</u>	@ <u>1.35</u>	<u>452.25</u>
MILEAGE <u>15 x 335 x .05</u>		<u>251.25</u>
		TOTAL <u>3622.50</u>

PUMP TRUCK CEMENTER Carl Betting

369-265 HELPER Bill W.

BULK TRUCK

356-252 DRIVER JASON R.

BULK TRUCK

_____ DRIVER _____

REMARKS:

Rm 10 3/4 casing Break circulation
Mix + Pump 200 sx A 3+2
Displace cement with 23 1/4
Bbls water, leave 15' cement
in pipe + shut in. Cement did
not circulate Run 60' test punch
Circulate cement to surface with 120 sx A + 3icc

CHARGE TO: Woolsey Petroleum

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 250'

PUMP TRUCK CHARGE _____ 570.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 15 @ 4.00 60.00

TOTAL 630.00

PLUG & FLOAT EQUIPMENT

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

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.

TAX _____

TOTAL CHARGE 630.00

DISCOUNT 0.00 IF PAID IN 30 DAYS

SIGNATURE [Signature] JOE LIVINGSTON

ANY APPLICABLE TAX PRINTED NAME
WILL BE CHARGED
UPON INVOICING

ALLIED CEMENTING CO., INC. 18003

Federal Tax I.D.

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

SERVICE POINT: M.L.

DATE <u>9-21-04</u>	SEC. <u>4</u>	TWP. <u>30S</u>	RANGE <u>11W</u>	CALLED OUT <u>8:30 pm</u>	ON LOCATION <u>9:00 pm</u>	JOB START <u>11:00 pm</u>	JOB FINISH <u>12:00 am</u>
LEASE <u>Maase</u>		WELL # <u>1</u>	LOCATION <u>Isabel Rd + 42 highway</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)			<u>1 south, least 1/2 north into</u>				

CONTRACTOR Duke #5

TYPE OF JOB Rotary Plug

HOLE SIZE 7 7/8" T.D. 860'

CASING SIZE 8 1/2" DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2" DEPTH 860'

TOOL _____ DEPTH _____

PRES. MAX 50 MINIMUM 50

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER Woolsey Operating

CEMENT AMOUNT ORDERED 150sx 60:40:6%

Gel

EQUIPMENT

PUMP TRUCK CEMENTER Mike Rucker

352 HELPER Tracy Cushenbery

BULK TRUCK # 304 DRIVER Jerry Cushenbery

BULK TRUCK # _____ DRIVER _____

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

RECEIVED
KANSAS CORPORATION COMMISSION
FEB 29 2008

CONSERVATION DIVISION
@ WICHITA, KS

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

REMARKS:

1st Plug: 860' 11:05 pm Mix 60sx 60:40:6

2nd Plug: 280' 11:30 pm Mix 60sx 60:40:6

3rd Plug: 40' 11:45 pm Mix 15sx 60:40:6

Mix 10sx Mouse hole: 11:40 pm

Mix 15sx Rat hole: 12:00 pm

SERVICE

DEPTH OF JOB 860'

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: Woolsey Operating

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To Allied Cementing Co., Inc.
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TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE [Signature]

Joe Livingston
PRINTED NAME

Thanks
Joe!

SEP 21 2008