

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

ORIGINAL

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: PRATT WELL SERVICE
License: 5822

Wellsite Geologist: _____
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: WOOLSEY PETROLEUM CORPORATION
Well Name: ELLIS G-5
Original Comp. Date: 6/10/1996 Original Total Depth: 5331
 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. _____

12/01/2005 12/16/2005
~~Spud Date or~~ ~~Date Reached TD~~ ~~Completion Date or~~
~~Recompletion Date~~ ~~Recompletion Date~~

API No. 15 - 007 - 22502 00 01
County: BARBER
^{150'S} SW SE NE Sec. 34 Twp. 33 S. R. 14 East West
2460 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: ELLIS G Well #: 5
Field Name: AETNA GAS AREA
Producing Formation: WOODFORD
Elevation: Ground: 1699 Kelly Bushing: 5360
Total Depth: 5331 Plug Back Total Depth: 5291
Amount of Surface Pipe Set and Cemented at 922 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/ OWWD _____ sx cmt.

Drilling Fluid Management Plan Ait I MR
(Data must be collected from the Reserve Pit) 12-19-08
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
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: November 26, 2008

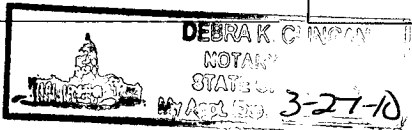
Subscribed and sworn to before me this 26th day of November,
20 08

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

DEC 05 2008



CONSERVATION DIVISION
WICHITA, KS

Operator Name: WOOLSEY OPERATING COMPANY, LLC Lease Name: ELLIS G Well #: 5
 Sec. 34 Twp. 33 S. R. 14 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:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input 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

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 (Stalnakar)				

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
4	WOODFORD 4970' - 4980'	ACID: 2650 gal 7.5% MIRA	
2	WOODFORD 4980' - 5000'	FRAC: 249,000 gal treated fr wtr, 63,000# 30/70 sd, 21,000# 20/40 sd & 9300# 12/20 resin coated sd	
	Casing patch covering 4774' - 4824'		

TUBING RECORD	Size 2 3/8"	Set At 5047'	Packer At n/a	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 1/10/2006		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. 24	Gas Mcf 29	Water Bbls. 95	Gas-Oil Ratio 1200 : 1 Gravity n/a

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 4970' - 5000' OA

