

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 Apx 120' E of w2 SW
City/State/Zip: Wichita, Kansas 67202
Purchaser: Bluestem Gas Marketing / Plains Marketing
Operator Contact Person: Dean Pattison, 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 SIOW 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. _____

<u>12/14/04</u>	<u>12/28/04</u>	<u>01/17/05</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 007-22863 0000
County: Barber
Sec. 32 Twp. 32 S. R. 12 East West
1312' feet from (S) N (circle one) Line of Section
780 feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: SHERRY Well #: 1
Field Name: Medicine Lodge - Boggs

Producing Formation: Mississippian
Elevation: Ground: 1813 Kelly Bushing: 1824
Total Depth: 5000 Plug Back Total Depth: 4924
Amount of Surface Pipe Set and Cemented at 271 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 crnt.

Drilling Fluid Management Plan AHJ NH 72308
(Data must be collected from the Reserve Pit)

Chloride content 7000 ppm Fluid volume 725 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-

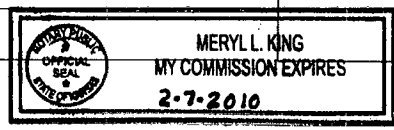
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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 Pattison, Operations Manager Date: October 19, 2007

Subscribed and sworn to before me this 19th day of October,
20 07.

Notary Public: Meryl L. King
Meryl L. King
Date Commission Expires: 02/07/2010



KCC Office Use ONLY

N Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION
OCT 27 2007
CONSERVATION DIVISION
WICHITA, KS

Operator Name: **WOOLSEY OPERATING COMPANY, LLC** Lease Name: **SHERRY** Well #: **1**
 Sec. ³² 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Compensated Neutron Density PE Dual Induction 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>Elgin Sd</td> <td>3805</td> <td>- 1981</td> </tr> <tr> <td>Toronto</td> <td>3951</td> <td>- 2127</td> </tr> <tr> <td>Douglas</td> <td>3961</td> <td>- 2137</td> </tr> <tr> <td>Lansing</td> <td>4120</td> <td>- 2296</td> </tr> <tr> <td>Base Kansas City</td> <td>4590</td> <td>- 2766</td> </tr> <tr> <td>Mississippian</td> <td>4670</td> <td>- 2846</td> </tr> <tr> <td>Viola</td> <td>4948</td> <td>- 3124</td> </tr> <tr> <td>RTD</td> <td>5000</td> <td>- 3176</td> </tr> </table>	Name	Top	Datum	Elgin Sd	3805	- 1981	Toronto	3951	- 2127	Douglas	3961	- 2137	Lansing	4120	- 2296	Base Kansas City	4590	- 2766	Mississippian	4670	- 2846	Viola	4948	- 3124	RTD	5000	- 3176
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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	14 3/4"	10 3/4"	32# / ft	271'	Class A	200	3%cc, 2%gel
Production	7 7/8"	4 1/2"	10.5# / ft	4999'	Class H	250	10% salt, 10% gyp

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
4	4664-4684' Mississippian	Acid: 1150 gal 10% HCL	same
		Frac: 5,196 bbl treated water,	same
		91,900# 16/30 sand and 9,600# CRC sand	

TUBING RECORD	Size 2 3/8"	Set At 4730'	Packer At n/a	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 03/28/2005		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. 10	Gas Mcf 15	Water Bbls. 90	Gas-Oil Ratio 1500 : 1

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(if vented, Submit ACO-18.) Other (Specify) _____

ALLIED CEMENTING CO., INC. 20271

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

SERVICE POINT: Mechanics

DATE <u>12-30-04</u>	SEC. <u>32</u>	TWP. <u>32</u>	RANGE <u>12W</u>	CALLED OUT <u>7:00pm</u>	ON LOCATION <u>12:00pm</u>	JOB START <u>5:00am</u>	JOB FINISH <u>6:00am</u>
LEASE <u>Sherry</u>		WELL # <u>1</u>	LOCATION <u>160+ 1/2 mph hill road</u>		COUNTY <u>Douglas</u>	STATE <u>KS</u>	
OLD OR NEW (circle one)			<u>4 1/4 s to Tank Catting 1 1/2 s/e</u>				

CONTRACTOR Duke S
 TYPE OF JOB Long string
 HOLE SIZE 7 7/8 T.D. 5000
 CASING SIZE 4 1/2 DEPTH 5001
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOLS catch down DEPTH 4961
 PRES. MAX 700 MINIMUM 300
 MEAS. LINE _____ SHOE JOINT 39 3/4
 CEMENT LEFT IN CSG. 39 ft
 PERFS. _____
 DISPLACEMENT 8 1/4 bbls 22K Water

OWNER Woolsey

CEMENT
 AMOUNT ORDERED 250 gal H 108 gal 106 gal
6 gal 6 7/8 gal salt + 22 gal 160 250 gal
6 gal 6 8 gal claps + 500 gal ASE

COMMON	<u>15</u>	@	<u>7.85</u>	<u>117.75</u>
POZMIX	<u>10</u>	@	<u>4.10</u>	<u>41.00</u>
GEL	<u>1</u>	@	<u>11.00</u>	<u>11.00</u>
CHLORIDE		@		
ASC		@		
FL-160	<u>188</u>	@	<u>8.00</u>	<u>1504.00</u>
Gyp Seal	<u>24</u>	@	<u>17.85</u>	<u>428.40</u>
Salt	<u>27</u>	@	<u>7.50</u>	<u>202.50</u>
KOI seal	<u>1500</u>	@	<u>.50</u>	<u>750.00</u>
Clap Pro	<u>8 gal.</u>	@	<u>22.90</u>	<u>183.20</u>
250 CLASS H		@	<u>9.55</u>	<u>2387.50</u>
ASE 500 gal.		@	<u>1.00</u>	<u>500.00</u>
		@		
HANDLING	<u>361</u>	@	<u>1.35</u>	<u>487.35</u>
MILEAGE	<u>7 X 361 X .05</u>			<u>150.00</u>
				<u>Min chrg TOTAL 6762.70</u>

EQUIPMENT

PUMP TRUCK CEMENTER Woolsey
 # 352 HELPER Navy
 BULK TRUCK
 # 359 DRIVER Jerry
 BULK TRUCK
 # DRIVER

REMARKS:
Pipe on bottom break circulation
Pump flush, plug rat + mouse
Pump 250 + cement shut down
wash pump lines post displacement
plug did not land, pump 2 1/4
bbls on displacement + a 1/2 bbl at
company mouse repeat float
did hold

SERVICE

DEPTH OF JOB 5001
 PUMP TRUCK CHARGE _____ 1390.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 7 @ 4.00 28.00
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____

CHARGE TO: Woolsey
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL 1418.00

PLUG & FLOAT EQUIPMENT

4 1/2
20-Rem scratcher @ 29.00 580.00
1 catch down plus @ 300.00 300.00
1- RFU float white @ 200.00 200.00
8- Tubalyns @ 55.00 440.00
 _____ @ _____
 _____ @ _____

TOTAL 1520.00

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.

TAX _____
 TOTAL CHARGE ~~1418.00~~
 DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

SIGNATURE Allen J. Dierck ANY APPLICABLE TAX WILL BE CHARGED UPON INVOICING
 PRINTED NAME R Dierck

RECEIVED
 KANSAS CORPORATION COMMISSION
 OCT 27 2007
 CONSERVATION DIVISION
 WICHITA, KS

ALLIED CEMENTING CO., INC. 18162

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

SERVICE POINT:
Medicine L.D.C.

DATE <u>12-15-04</u>	SEC. <u>32</u>	TWP. <u>32S</u>	RANGE <u>12W</u>	CALLED OUT <u>12:30 A.M.</u>	ON LOCATION <u>2:00 A.M.</u>	JOB START <u>5:30 A.M.</u>	JOB FINISH <u>6:00 A.M.</u>
LEASE <u>Sherry</u>		WELL # <u>#1</u>	LOCATION <u>1600 + G.P. Hill RD</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)			<u>4.2 S 1 1/2 S/E into</u>				

CONTRACTOR Duke #5

TYPE OF JOB Surface

HOLE SIZE 14 3/4 T.D. 275

CASING SIZE 10 3/4 DEPTH 271.21

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH 275

TOOL _____ DEPTH _____

PRES. MAX 300 PSI MINIMUM _____

MEAS. LINE _____ SHOE JOINT 15 FT

CEMENT LEFT IN CSG. 15 FT

PERFS. _____

DISPLACEMENT Fresh Water 25 DBB's

OWNER Woolsey Operating

CEMENT AMOUNT ORDERED 200sx "A" + 3% CCT + 2% Gel

COMMON <u>200 A</u>	@ <u>7.85</u>	<u>1570.00</u>
POZMIX _____	@ _____	_____
GEL <u>4</u>	@ <u>11.00</u>	<u>44.00</u>
CHLORIDE <u>7</u>	@ <u>33.00</u>	<u>231.00</u>
ASC _____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
HANDLING <u>211</u>	@ <u>1.35</u>	<u>284.85</u>
MILEAGE <u>7 x 211 x .05</u>		<u>150.00</u>
<u>M: n chg</u> TOTAL		<u>2279.85</u>

EQUIPMENT

PUMP TRUCK # 365 CEMENTER David W.

HELPER Bill M.

BULK TRUCK # 364 DRIVER Jerry C.

DRIVER _____

REMARKS:

Pipe on bottom Break line Pump
200sx "A" + 3% CCT + 2% Gel DisPlace
w/ Fresh Water Slow Rate
Shut in cement did cure.
Rig Down

SERVICE

DEPTH OF JOB <u>271</u>	
PUMP TRUCK CHARGE _____	<u>570.00</u>
EXTRA FOOTAGE _____	@ _____
MILEAGE <u>7</u>	@ <u>4.00</u> <u>28.00</u>
_____	@ _____
_____	@ _____

TOTAL 598.00

PLUG & FLOAT EQUIPMENT

MANIFOLD _____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____

TOTAL _____

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TAX _____

TOTAL CHARGE ~~_____~~

DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

SIGNATURE [Signature]

ANY APPLICABLE TAX WILL BE CHARGED UPON INVOICING

X Joe Livingston PRINTED NAME

RECEIVED
KANSAS CORPORATION COMMISSION
OCT 27 2007
CONSERVATION DIVISION
WICHITA, KS