

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 PATTISSON, OPERATIONS MANAGER
 Phone: (316) 267-4379 (ext 107)
 Contractor: Name: HARDT DRILLING INC
 License: 33902
 Wellsite Geologist: BILLY G. KLAVER
 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: HONAKER-DAVIS DRILLING COMPANY
 Well Name: MEDICINE LODGE MEMORIAL HOSPITAL B-1
 Original Comp. Date: 08-19-58 Original Total Depth: 4726
 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. D - 30,333

<u>12/01/2008</u>	<u>12/08/2008</u>	<u>01/13/2009</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 007 - 01631 00-01
 County: BARBER
SW SE Sec. 32 Twp. 33 S. R. 11 East West
660 1080 feet from (S) N (circle one) Line of Section
1080 2035 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner
 (circle one) NE (SE) NW SW
 Lease Name: HARBAUGH Well #: 2 OWVO SWD
 Field Name: RHODES
 Producing Formation: N/A
 Elevation: Ground: 1384 Kelly Bushing: 1394
 Total Depth: 6105 Plug Back Total Depth: 6105 (Open hole)
 Amount of Surface Pipe Set and Cemented at had existing at 206 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 OWVO - Alt I NW
 (Data must be collected from the Reserve Pit) 5-18-09
 Chloride content 40,000 ppm Fluid volume 1000 bbls
 Dewatering method used HAUL FREE FLUIDS AND ALLOW TO DRY
 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.: _____

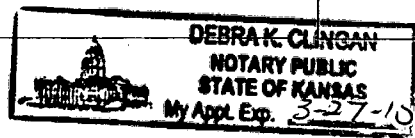
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: January 19, 2009

Subscribed and sworn to before me this 19th day of January

20 09
 Notary Public: Debra K. Clingan
 Date Commission Expires: March 27, 2010



KCC Office Use ONLY (Dr. A.I. Stat.)

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

RECEIVED
 KANSAS CORPORATION COMMISSION
JAN 21 2009

ORIGINAL

ORIG

Side Two

Operator Name: WOOLSEY OPERATING COMPANY, LLC Lease Name: HARBAUGH Well #: 2 OWWO SWD
Sec. 32 Twp. 33 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 (Attach Additional Sheets)
Samples Sent to Geological Survey
Cores Taken
Electric Log Run (Submit Copy)

Log Formation (Top), Depth and Datum
Name Top Datum

List All E. Logs Run:

Compensated Neutron Density PE
Dual Induction
Cement Bond

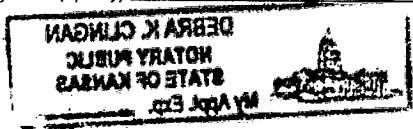
CASING RECORD table with columns: Purpose of String, Size Hole Drilled, Size Casing Set (In O.D.), Weight Lbs. / Ft., Setting Depth, Type of Cement, # Sacks Used, Type and Percent Additives. Includes rows for Surface and Production.

ADDITIONAL CEMENTING / SQUEEZE RECORD table with columns: Purpose, Depth Top Bottom, Type of Cement, #Sacks Used, Type and Percent Additives.

PERFORATION RECORD - Bridge Plugs Set/Type table with columns: 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.

TUBING RECORD table with columns: Size, Set At, Packer At, Liner Run, Date of First, Resumed Production, SWD or Enhr., Producing Method, Estimated Production Per 24 Hours, Oil Bbls., Gas Mcf, Water Bbls., Gas-Oil Ratio, Gravity.

Disposition of Gas METHOD OF COMPLETION Production Interval
Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled 5177' - 6105'



ALLIED CEMENTING CO., LLC. 042773

KW
M
1/2/09

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

SERVICE POINT:
Medicine Lodge

DATE <i>12-8-08</i>	SEC. <i>32</i>	TWP. <i>33S</i>	RANGE <i>11W</i>	CALLED OUT <i>10:00 AM</i>	ON LOCATION <i>12:30 PM</i>	JOB START <i>3:45 PM</i>	JOB FINISH <i>5:00 PM</i>
LEASE <i>Harbauer</i>		WELL # <i>281</i>		LOCATION <i>281 + 1100 S to Talbot Rd</i>		COUNTY <i>Barber</i>	STATE <i>KO</i>
OLD OR NEW (Circle one)		<i>1124, winter</i>					

CONTRACTOR *Harbauer* OWNER *Woodsey Operating*
 TYPE OF JOB *Production*
 HOLE SIZE *7 7/8 I.D. L9105'*
 CASING SIZE *5 1/2 DEPTH 5177'*
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX *1800* MINIMUM _____
 MEAS. LINE _____ SHOE JOINT *41'*
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT *1256 BBLs 2% KCl H₂O*
 EQUIPMENT _____

PUMP TRUCK CEMENTER *Mark Cole*
 # *414* HELPER *Raymond R.*
 BULK TRUCK _____
 # *363 290* DRIVER *Larry F.*
 BULK TRUCK _____
 # _____ DRIVER _____

CEMENT AMOUNT ORDERED *655x 6040/41 1/2 #10 Seal*
555x 110 #10 Gyp 10% salt 1/2 #10 Seal 2.8% salt 1/2 #10 Seal
1/4 #10 Seal Clapro-15 gel

COMMON	<i>39 A</i>	@	<i>15.45</i>	<i>602.55</i>
POZMIX	<i>26</i>	@	<i>8.00</i>	<i>208.00</i>
GEL	<i>2</i>	@	<i>20.80</i>	<i>41.60</i>
CHLORIDE		@		
ASC		@		
	<i>F10 Seal 54"</i>	@	<i>2.50</i>	<i>135.00</i>
	<i>150 H</i>	@	<i>16.75</i>	<i>2512.50</i>
	<i>Gyp Seal 14</i>	@	<i>29.20</i>	<i>408.80</i>
	<i>Kell Seal 900"</i>	@	<i>.89</i>	<i>801.00</i>
	<i>Salt 16</i>	@	<i>12.00</i>	<i>192.00</i>
	<i>Clapro 15 gal.</i>	@	<i>31.25</i>	<i>468.75</i>
	<i>FL-160 113"</i>	@	<i>13.30</i>	<i>1502.90</i>
		@		
HANDLING	<i>269</i>	@	<i>2.40</i>	<i>645.60</i>
MILEAGE	<i>15 x 269 x .10</i>			<i>403.50</i>
				TOTAL <i>7922.20</i>

REMARKS:

p. pe on bottom / a crack circ. plug (stull) mix 305x 8' saw mix 150 3x 1/2 in. stop wash pump lines - release plug. Dip w/ 2% KCl. ideal. 1/2 in. 1/2 in. 1/2 in. 1/2 in. 1000 over @ 2 1/2 in. float (dip)

WELL FILE

Regulatory Correspondence
 Drill Comp Workovers
 Tests 7 Meters Operations

CHARGE TO: *Woodsey Oper.*
 STREET _____
 CITY _____ STATE _____

RECEIVED
KANSAS CORPORATION COMMISSION

JAN 21 2009

To Allied Cementing Co., LLC. CONSERVATION DIVISION
 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 *MIKE THARP*
 SIGNATURE *Mike Tharp*

SERVICE

DEPTH OF JOB	<i>5177'</i>		
PUMP TRUCK CHARGE			<i>2295.00</i>
EXTRA FOOTAGE		@	
MILEAGE	<i>15</i>	@	<i>7.00</i> <i>105.00</i>
MANIFOLD		@	
<i>Hard Rental</i>		@	<i>113.00</i> <i>113.00</i>
		@	

JAN 12 2009 TOTAL *2513.00*

5 1/2" PLUG & FLOAT EQUIPMENT

<i>1-packer shoe</i>	@	<i>1491.00</i>	<i>1491.00</i>
<i>1-1st Down</i>	@	<i>462.00</i>	<i>462.00</i>
<i>1-Basket</i>	@	<i>186.00</i>	<i>186.00</i>
<i>2-Turbolizers</i>	@	<i>79.00</i>	<i>553.00</i>
	@		
TOTAL <i>2692.00</i>			

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS

**ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING**