

CONFIDENTIAL

6/22/09

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
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: Warren Drilling LLC
License: 33724
Wellsite Geologist: Roger Martin

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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>02/22/2007</u>	<u>03/06/2007</u>	<u>03/26/2007</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 007-23122 0000
County: Barber
C W2 NW SW Sec. 1 Twp. 34 S. R. 11 East West
1980' FSL _____ feet from (S) / N (circle one) Line of Section
330' FWL _____ feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: FORESTER 'D' Well #: 1
Field Name: Roundup South

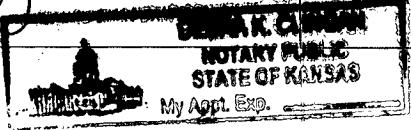
Producing Formation: Mississippian
Elevation: Ground: 1419 Kelly Bushing: 1426
Total Depth: 5116 Plug Back Total Depth: 5091
Amount of Surface Pipe Set and Cemented at 256 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from n/a
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan AK IUS 5/18/09
(Data must be collected from the Reserve Pit)
Chloride content 27,000 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 Pattison, Operations Manager Date: 06/22/2007
Subscribed and sworn to before me this 22nd day of June,
20 07.
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
JUN 22 2007

CONSERVATION DIVISION
WICHITA, KS

Operator Name: WOOLSEY OPERATING COMPANY, LLC Lease Name: FORESTER 'D' Well #: 1
 Sec. 1 Twp. 34 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input 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: Comp Neutron / Density / PE Dual Induction Sonic	<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>3490</td> <td>- 2064</td> </tr> <tr> <td>Toronto</td> <td>3638</td> <td>- 2212</td> </tr> <tr> <td>Douglas</td> <td>3650</td> <td>- 2224</td> </tr> <tr> <td>Swope Por.</td> <td>4338</td> <td>- 2912</td> </tr> <tr> <td>Hertha Por.</td> <td>4365</td> <td>- 2939</td> </tr> <tr> <td>Mississippian</td> <td>4580</td> <td>- 3154</td> </tr> <tr> <td>Viola</td> <td>4894</td> <td>- 3468</td> </tr> <tr> <td>Simpson</td> <td>4988</td> <td>- 3562</td> </tr> </table>	Name	Top	Datum	Elgin Sd	3490	- 2064	Toronto	3638	- 2212	Douglas	3650	- 2224	Swope Por.	4338	- 2912	Hertha Por.	4365	- 2939	Mississippian	4580	- 3154	Viola	4894	- 3468	Simpson	4988	- 3562
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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	256'	Class A	200	2% gel, 3% cc
Production	7 7/8"	4 1/2"	10.5# / ft	5113'	Class H	265	10% salt, 10% Gypseal, 6% Calseal, 1/4# Celloflake, .8% friction

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 (Amount and Kind of Material Used)	Depth
4	5002-5006' & 5008'-5010' Mississippian	Acid: none	
	5022' Open hole	Frac: none	

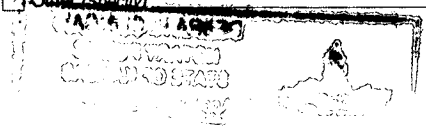
TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 3/8"	5087	n/a	

Date of First, Resumerd Production, SWD or Enhr.	Producing Method
03/29/2007	<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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	42	- 0 -	4	n/a	45

Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____



ALLIED CEMENTING CO., INC. 24934

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

SERVICE POINT:
MEDICINE LODGE

DATE <u>2-22-07</u>	SEC. <u>1</u>	TWP. <u>34S</u>	RANGE <u>11W</u>	CALLED OUT <u>6:00 am</u>	ON LOCATION <u>8:30 am</u>	JOB START <u>11:50 am</u>	JOB FINISH <u>12:30 pm</u>
LEASE <u>FORESTER</u>	WELL # <u>D-#1</u>	LOCATION <u>GERLANE RD & 281, 1/2 E TO STOP</u>			COUNTY <u>BANKER</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		<u>SIG, 1 3/4 E, 2S, 1E, 1/2 S, E/INTO</u>					

CONTRACTOR WARREN #17

TYPE OF JOB SURFACE CASING

HOLE SIZE 14 3/4" T.D. 257'

CASING SIZE 10 3/4" DEPTH 257'

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2" DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 250 MINIMUM 100

MEAS. LINE _____ SHOE JOINT 15'

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 24 bbl. FRESH WATER

OWNER WOOLSEY OPERATING

CEMENT

AMOUNT ORDERED 200 SK CLASS A + 3% CCL

2% GEL

COMMON	<u>200 A</u>	@	<u>10.65</u>	<u>2130.00</u>
POZMIX		@		
GEL	<u>4</u>	@	<u>16.65</u>	<u>66.60</u>
CHLORIDE	<u>7</u>	@	<u>46.60</u>	<u>326.20</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>211</u>	@	<u>1.90</u>	<u>400.90</u>
MILEAGE	<u>20 x 211 x .09</u>			<u>379.80</u>
				TOTAL <u>3303.50</u>

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REMARKS:

PIPE ON BOTTOM, BREAK CIRCULATION, PUMP PRE-FLUSH, PUMP 200 SK CLASS A + 3% CCL + 2% GEL, 60 LIGHT TO DISPLACEMENT, DISPLACE WITH 24 bbl. FRESH WATER, STOP PUMPS, SHUT-IN, CIRCULATED CEMENT

SERVICE

DEPTH OF JOB	<u>257'</u>			
PUMP TRUCK CHARGE				<u>815.00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>20</u>	@	<u>6.00</u>	<u>120.00</u>
MANIFOLD		@		
		@		
		@		

TOTAL 935.00

CHARGE TO: WOOLSEY OPERATING

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

	@			
	@			
	@			
	@			
ANY APPLICABLE TAX	@			
WILL BE CHARGED UPON INVOICING				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 ~~935.00~~

DISCOUNT ~~0.00~~ IF PAID IN 30 DAYS

RECEIVED
KANSAS CORPORATION COMMISSION

SIGNATURE Terry J. Cummings

Terry J. Cummings
PRINTED NAME

JUN 22 2007

CONSERVATION DIVISION
WICHITA, KS

ALLIED CEMENTING CO., INC. 24330

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

SERVICE POINT:
Medicine Lake, KS

DATE <u>07 MAR 07</u>	SEC. <u>01</u>	TWP. <u>34S</u>	RANGE <u>11W</u>	CALLED OUT <u>3:00 PM</u>	ON LOCATION <u>6:00 PM</u>	JOB START <u>1:00 AM</u>	JOB FINISH <u>2:15 AM</u>
LEASE <u>Forester</u>		WELL # <u>D-1</u>	LOCATION <u>281 & Goddard Rd, 1 1/2 E, 2 E, 2 S, Barber</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>		<u>1 E, 1/2 S, 2 E into</u>					

CONTRACTOR Wasson #17

TYPE OF JOB Production Casing

HOLE SIZE 7 7/8 T.D. 5116

CASING SIZE 4 1/2 DEPTH 5112

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 1600 MINIMUM —

MEAS. LINE _____ SHOE JOINT 18

CEMENT LEFT IN CSG. 18

PERFS. _____

DISPLACEMENT 82 Bbls 2% KCL water

EQUIPMENT

OWNER Woolsey Oper.

CEMENT AMOUNT ORDERED 280 sx "H" + 10% salt + 10% 94p + 6 # Kolsal + .8% FL-160 + 1/4 # Flosal AND 500gals ASF AND 8gals ClaPro

COMMON	<u>280 H</u>	@	<u>12.75</u>	<u>3570.00</u>
POZMIX		@		
GEL		@		
CHLORIDE		@		
ASC		@		
Gyp SEAL	<u>26</u>	@	<u>23.35</u>	<u>607.10</u>
SALT	<u>30</u>	@	<u>9.60</u>	<u>288.00</u>
Kol SEAL	<u>1680 #</u>	@	<u>.70</u>	<u>1176.00</u>
FL-160	<u>211 #</u>	@	<u>10.65</u>	<u>2247.15</u>
FLO SEAL	<u>70 #</u>	@	<u>2.00</u>	<u>140.00</u>
ASF 500 g.		@	<u>1.00</u>	<u>500.00</u>
Clapro 8 gal		@	<u>25.00</u>	<u>200.00</u>
HANDLING	<u>377</u>	@	<u>1.90</u>	<u>716.30</u>
MILEAGE	<u>20 x 377 x .09</u>			<u>678.60</u>
TOTAL				<u>10123.15</u>

PUMP TRUCK CEMENTER D. FELTO

414 HELPER D. Crshenbory

BULK TRUCK DRIVER M. Becker

368

BULK TRUCK DRIVER _____

REMARKS:

Pipe on Bttm, Break Circ., Pump Pca Flush, Plug Rat Hole w/ 15sx cement, Mix 265sx cement, Stop Pump, Wash Pump & Lines, Release Plug, Start Disp w/ 2% KCL water, See Steady increase in Lift, Slow Rate, Bump Plug at 82 Bbls total 2% KCL water, Release PSI, Float Did Hold

CHARGE TO: Woolsey Oper.

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 5112

PUMP TRUCK CHARGE 1840.00

EXTRA FOOTAGE @ _____

MILEAGE 20 @ 6.00 120.00

MANIFOLD head Rental @ 100.00 100.00

TOTAL 2060.00

PLUG & FLOAT EQUIPMENT

1-AFU Float Shoe	@	<u>200.00</u>	<u>200.00</u>
1-Latch down Plug Assy.	@	<u>325.00</u>	<u>325.00</u>
40-Recip. Scratches	@	<u>35.00</u>	<u>1400.00</u>
17-turbalizers	@	<u>55.00</u>	<u>935.00</u>
TOTAL <u>2860.00</u>			

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ANY APPLICABLE TAX WILL BE CHARGED UPON INVOICING TAX _____

TOTAL CHARGE _____

DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

SIGNATURE Allen F. Dick

PRINTED NAME Allen F. Dick

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RECEIVED
KANSAS CORPORATION COMMISSION

JUN 22 2007

CONSERVATION DIVISION
WICHITA, KS