

ORIGINAL

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 Pattison, Operations Manager
 Phone: (316) 267-4379 ext 107
 Contractor: Name: BERENTZ DRILLING CO., INC.
 License: 5892
 Wellsite Geologist: Billy Klaver
 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: McNEISH
 Well Name: WEBB 1
 Original Comp. Date: 04/18/1983 Original Total Depth: 3320
 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. _____

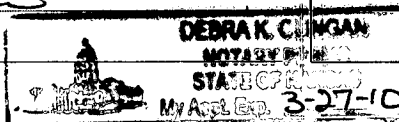
<u>07/09/2008</u>	<u>07/15/2008</u>	<u>07/16/2008</u>
Spud Date or	Date Reached TD	Completion Date or
Recompletion Date		Recompletion Date

API No. 15 - 035-23268 00 01
 County: COWLEY
 SW NE NE SW Sec. 16 Twp. 34 S. R. 4 East West
2206 FSL feet from (S) N (circle one) Line of Section
2298 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: GLOVER Well #: 1 OWWO
 Field Name: WILDCAT
 Producing Formation: n/a
 Elevation: Ground: 1115 Kelly Bushing: 1121
 Total Depth: 3758 Plug Back Total Depth: n/a
 Amount of Surface Pipe Set and Cemented at had 212' existing 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.
OWWO
Drilling Fluid Management Plan P+A AH I NUR
(Data must be collected from the Reserve Pit) 1-8-09
 Chloride content 11,000 ppm Fluid volume 900 bbls
 Dewatering method used Haul off free fluids and allow to dehydrate
 Location of fluid disposal if hauled offsite:
 Operator Name: Butler Brothers Inc.
 Lease Name: Mattison License No.: 6328
 Quarter _____ Sec. 13 Twp. 32 S. R. 4 East West
 County: Cowley Docket No.: D- 26,963

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: 11/11/08
 Subscribed and sworn to before me this 11th day of November,
 2008
 Notary Public: Debra K. Clingan
 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
 NOV 14 2008
 CONSERVATION DIVISION
 WICHITA, KS

Operator Name: WOOLSEY OPERATING COMPANY, LLC Lease Name: GLOVER Well #: 1 OWWO
 Sec. 16 Twp. 34 S. R. 4 East West County: COWLEY

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 3705' - 3760' Yes No
 Electric Log Run Yes No
 (Submit Copy)

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

List All E. Logs Run:

**Compensated Neutron Density
 Dual Induction**

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
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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
	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 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
 (If vented, Submit ACO-18.) Other (Specify) _____

ALLIED CEMENTING CO., LLC. 32468

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

SERVICE POINT:
*Medicine Lodge, KS
7-17*

DATE <i>7-16-08</i>	SEC <i>16</i>	TWP <i>34S</i>	RANGE <i>4 E</i>	CALLED OUT <i>4:00pm</i>	ON LOCATION <i>8:00pm</i>	JOB START <i>4:00am</i>	JOB FINISH <i>5:00pm</i>
LEASE <i>Glover</i>		WELL # <i>10WU0</i>		LOCATION <i>Ark City, 77 bypass to 16E</i>		COUNTY <i>Rowley</i>	STATE <i>KS</i>
OLD OR <u>NEW</u> (Circle one)			<i>1/2 E to 81st, N to 1/2, Road turns east 3/4 to 87th, 1/2 W, E into</i>				

CONTRACTOR <i>Brenz #5</i>	OWNER <i>Woolsey Operating</i>
TYPE OF JOB <i>Rotary plug</i>	
HOLE SIZE <i>7 7/8</i>	T.D. <i>3758</i>
CASING SIZE	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE <i>4 1/2</i>	DEPTH <i>3758</i>
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT <i>3 bbls of water, 45 bbls of mud</i>	ASC

CEMENT AMOUNT ORDERED *160 sy 60.410:4% 501*

EQUIPMENT

PUMP TRUCK # <i>372</i>	CEMENTER <i>Darin Frackie</i>
	HELPER <i>Heath m.</i>
BULK TRUCK # <i>369</i>	DRIVER <i>Larry F. Jr</i>
BULK TRUCK #	DRIVER

WELL FILE
Regulatory Correspondence
Drig / Comp Workovers
Tests / Meters Operations

HANDLING <i>166</i>	@ <i>2.40</i>	<i>398.40</i>
MILEAGE <i>55 x 166 x .10</i>		<i>913.00</i>
TOTAL		<i>3431.40</i>

REMARKS:

*1st plug 9+ 3758' pump 8+ bbls of water
9head mix 35 sy of cement, displace 3 bbls
of water & 45 bbls of mud,
2nd plug 9+ 260' mix cement and circulate
to surface, mix 15 sy of cement for
1st hole*

SERVICE

DEPTH OF JOB <i>3758'</i>	
PUMP TRUCK CHARGE	<i>1185.00</i>
EXTRA FOOTAGE	@
MILEAGE <i>55</i>	@ <i>7.00</i> <i>385.00</i>
MANIFOLD	@
	@
	@

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

TOTAL *1570.00*

PLUG & FLOAT EQUIPMENT

	@	
<i>none</i>	@	
	@	
	@	
TOTAL		

To Allied Cementing Co., LLC.
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.

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

PRINTED NAME *X MIKE THARP*

ANY APPLICABLE TAX WILL BE CHARGED UPON INVOICING

SIGNATURE *X [Signature]*

RECEIVED
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CONSERVATION DIVISION
WICHITA, KS