

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 Pattisson, Operations Manager  
Phone: ( 316 ) 267-4379 ext 107  
Contractor: Name: Pratt Well Service  
License: 5893  
Wellsite Geologist: Roger Martin

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: Barbara Oil Company

Well Name: Lasswell - McKaig 1  
Original Comp. Date: 8/15/1946 Original Total Depth: 4950  
 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 - 27,703

<u>12/27/2000</u>	<u>2/2/2001</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 007-01659 0001  
County: BARBER  
50' E of NE Sec. 29 Twp. 33 S. R. 13  East  West  
1320 feet from S / (N) (circle one) Line of Section  
1270 feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) (NE) SE NW SW  
Lease Name: BELL A Well #: 3 SWD  
Field Name: MEDICINE LODGE-BOGGS

Producing Formation: N/A  
Elevation: Ground: 1673 Kelly Bushing: 1681  
Total Depth: 5850 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at EXISTING AT 311 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 OWWD- A17 I NUR  
(Data must be collected from the Reserve Pit) 1-14-09

Chloride content 6,000 ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering method used Haul off free fluids and allow to dehydrate

Location of fluid disposal if hauled offsite:  
Operator Name: \_\_\_\_\_  
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.

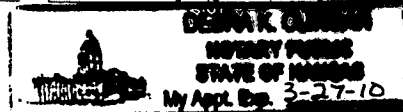
Signature: [Signature]  
Title: Dean Pattisson, Operations Manager Date: 10/4/07  
Subscribed and sworn to before me this 4th day of October,  
20 07.  
Notary Public: Debra K. Clingan  
Date Commission Expires: March 27, 2010

**KCC Office Use ONLY**

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

copy to uic

**RECEIVED**  
KANSAS CORPORATION COMMISSION  
**OCT 11 2007**  
CONSERVATION DIVISION  
WICHITA, KS



Operator Name: WOOLSEY OPERATING COMPANY, LLC Lease Name: BELL A Well #: 3 SWD  
 Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:  Compensated Neutron Density Dual Induction 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>Heebner</td> <td>3910</td> <td>-2229</td> </tr> <tr> <td>Lansing</td> <td>4085</td> <td>-2404</td> </tr> <tr> <td>Mississippian</td> <td>4617</td> <td>-2936</td> </tr> <tr> <td>Viola</td> <td>4928</td> <td>-3247</td> </tr> <tr> <td>Simpson</td> <td>5046</td> <td>-3364</td> </tr> <tr> <td>Arbuckle</td> <td>5174</td> <td>-3493</td> </tr> </table>	Name	Top	Datum	Heebner	3910	-2229	Lansing	4085	-2404	Mississippian	4617	-2936	Viola	4928	-3247	Simpson	5046	-3364	Arbuckle	5174	-3493
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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		10 3/4"		exiting at 311'			
Production	7 7/8"	5 1/2"	14# / ft	5311	ASC	100	10% salt

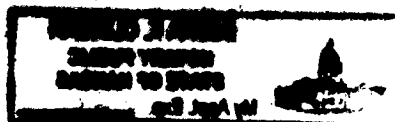
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

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
	Arbuckle 5312 - 5850 (open hole)	Acid: 5000 gal 20% FE	

TUBING RECORD	Size 2 3/8" & 3 1/2"	Set At 5293'	Packer At n/a	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. First inj date: 02/2001		Producing Method <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., INC. 5138

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

SERVICE POINT:  
Med Lodge

DATE <u>1-2-01</u>	SEC. <u>29</u>	TWP. <u>33S</u>	RANGE <u>13W</u>	CALLED OUT <u>3:00 A.M.</u>	ON LOCATION <u>5:45 A.M.</u>	JOB START <u>1:45</u>	JOB FINISH <u>3:20 P.M.</u>
LEASE <u>Bell</u>		WELL # <u>A30W00</u>		LOCATION <u>Unpaw Chapel</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>3/4 West - S side</u>				

CONTRACTOR Duke Dely Co #2

TYPE OF JOB Prod Csg

HOLE SIZE 178 T.D. 5850

CASING SIZE 5 7/8 DEPTH 5311

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT 40.77

CEMENT LEFT IN CSG. 40.77

PERFS. \_\_\_\_\_

DISPLACEMENT 129

EQUIPMENT

PUMP TRUCK CEMENTER Larry Storm

# 356-302 HELPER Dave West

BULK TRUCK \_\_\_\_\_

# 242 DRIVER Scott S.

BULK TRUCK \_\_\_\_\_

# \_\_\_\_\_ DRIVER \_\_\_\_\_

OWNER Woolsey Petero

CEMENT

AMOUNT ORDERED 100 sks ASC + 5% KOL-SEAL  
25 sks 60/40/6 - Plug RH & MDH

COMMON # <u>15</u>	@ <u>6.35</u>	<u>95.25</u>
POZMIX <u>10</u>	@ <u>3.25</u>	<u>32.50</u>
GEL <u>1</u>	@ <u>9.50</u>	<u>9.50</u>
CHLORIDE _____	@ _____	_____
<u>gms ASE 500</u>	@ <u>1.00</u>	<u>500.00</u>
<u>500# KOL-SEAL</u>	@ <u>.38</u>	<u>190.00</u>
<u>ASC 100</u>	@ <u>8.20</u>	<u>820.00</u>
_____	@ _____	_____
_____	@ _____	_____
HANDLING <u>137</u>	@ <u>1.05</u>	<u>143.85</u>
MILEAGE <u>137 - MINIMUM</u>		<u>100.00</u>
TOTAL		<u>1891.10</u>

REMARKS:

Bedde Circulation Rotary Mud -  
Set Barber shoe - Circulated 25 for  
minutes. MAWD 100 sks ASC + 5% KOL-SEAL  
Pushed Pump Area Pipes - Displaced  
19 bbls Freshwater to end Plug  
600# - Bumps to 1200# - Most did  
not hold. Shut casing in

SERVICE

DEPTH OF JOB 5322'

PUMP TRUCK CHARGE \_\_\_\_\_ 1290.00

EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_

MILEAGE 15 @ 3.00 45.00

PLUG \_\_\_\_\_ @ \_\_\_\_\_

RECEIVED  
KANSAS CORPORATION COMMISSION

CHARGE TO: Woolsey Petero

STREET P.O. Box 168

CITY Med. Lodge STATE KANSAS ZIP 67104

TOTAL 1335.00

OCT 11 2007

CONSERVATION DIVISION  
WICHITA, KS

<u>1-5 1/2 Parker Shoe</u>	@ <u>1325.00</u>	<u>1325.00</u>
<u>1-5 1/2 latch-down plug</u>	@ <u>350.00</u>	<u>350.00</u>
<u>6-5 1/2 Centerbells</u>	@ <u>50.00</u>	<u>300.00</u>
<u>1-5 1/2 Basket</u>	@ <u>128.00</u>	<u>128.00</u>
_____	@ _____	_____
TOTAL		<u>2103.00</u>

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 5329.10

DISCOUNT 532.91 IF PAID IN 30 DAYS

4796.19

SIGNATURE Allen F. Dick

PRINTED NAME

SIGNATURE Allen F. Dick

JAN 24 2001