

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: \_\_\_\_\_  
Operator Contact Person: Dean Pattisson, Operations Manager  
Phone: ( 316 ) 267-4379 ext 107  
Contractor: Name: Pratt Well Service  
License: 5893

Wellsite Geologist: \_\_\_\_\_  
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: WOOLSEY OPERATING COMPANY, LLC  
Well Name: Uhl 1  
Original Comp. Date: 10/16/06 Original Total Depth: 5630  
\_\_\_\_ 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 - 28,958

6/26/07 7/3/07  
~~Spud Date or~~ Date Reached TD ~~Completion Date or~~ Recompletion Date

API No. 15 - 033-21477 00 01  
County: Comanche  
\_\_\_\_ SW \_\_\_\_ SW Sec. 31 Twp. 31 S. R. 16  East  West  
660 FSL 644 feet from  S /  N (circle one) Line of Section  
510 FWL 4610 feet from  E /  W (circle one) Line of Section  
GPS-ICC-DIG  
Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW  SW  
Lease Name: UHL Well #: 1 SWD  
Field Name: Wildcat  
Producing Formation: n/a  
Elevation: Ground: 1988 Kelly Bushing: 1999  
Total Depth: 5630 Plug Back Total Depth: 4850  
Amount of Surface Pipe Set and Cemented at 253 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/ \_\_\_\_\_ 20-DIG-115109 <sup>sq cm</sup>

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)  
Chloride content n/a ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering method used \_\_\_\_\_  
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 Pattisson, Operations Manager Date: 10/03/2007

Subscribed and sworn to before me this 3<sup>rd</sup> day of October

20 06  
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  
OCT 15 2007  
NOTARY PUBLIC  
DEBRA K. CLINGAN  
STATE OF KANSAS  
My Appt. Exp. 3-27-10  
CONSERVATION DIVISION  
WICHITA KS

Operator Name: WOOLSEY OPERATING COMPANY, LLC Lease Name: UHL Well #: 1 SWD  
 Sec. 31 Twp. 31 S. R. 16  East  West County: Comanche

**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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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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
<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
	CIBP		4850'
4	4464' - 4640' OA - Kansas City	Acid: 6000 15% DSFe	same

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumerd Production, SWD or Enhr. First inj date: 07/21/07			Producing Method				
Estimated Production Per 24 Hours			Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas  Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled \_\_\_\_\_  
 (If vented, Submit ACO-18.)  Other (Specify) \_\_\_\_\_

