

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33168  
Name: WOOLSEY OPERATING COMPANY, LLC  
Address 1: 125 N. Market, Suite 1000  
Address 2: \_\_\_\_\_  
City: Wichita State: KS Zip: 67202 + \_\_\_\_\_  
Contact Person: Carl W. Durr, Field Manager  
Phone: (620) 886-5606 (ext. 27)  
CONTRACTOR: License # 30606  
Name: Murfin Drilling Co., Inc.  
Wellsite Geologist: Billy Klaver  
Purchaser: n/a

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SLOW  
 Gas  ENHR  SIGW  
 CM (Coal Bed Methane)  Temp. Abd.  
 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.  Conv. to SWD  
 Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled  Docket No.: \_\_\_\_\_  
 Dual Completion  Docket No.: \_\_\_\_\_  
 Other (SWD or Enhr.?)  Docket No.: \_\_\_\_\_  
10/21/2009 11/01/2009 11/02/2009  
Spud Date or ~~Recompletion Date~~ Date Reached TD Completion Date or ~~Recompletion Date~~

API No. 15 - 077-21656 0000  
Spot Description: \_\_\_\_\_  
SE NW NE NW Sec. 7 Twp. 34 S. R. 9  East  West  
600 Feet from  North /  South Line of Section  
1900 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Harper  
Lease Name: Brown Well #: 1  
Field Name: Wildcat  
Producing Formation: n/a  
Elevation: Ground: 1299 Kelly Bushing: 1310  
Total Depth: 5190 Plug Back Total Depth: n/a  
Amount of Surface Pipe Set and Cemented at: 220 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: \_\_\_\_\_  
feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_

Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)  
Chloride content: n/a ppm Fluid volume: n/a 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.: \_\_\_\_\_

AT 1 - Dg - 2/15/10 <sup>SX cmf</sup>

**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: 12/15/2009  
Subscribed and sworn to before me this 15th day of December,  
20 09.  
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**  
**FEB 12 2010**  
KCC WICHITA

DEBRA K. CLINGAN  
NOTARY PUBLIC  
STATE OF KANSAS  
My Appt. Exp. 3-27-10

Operator Name: WOOLSEY OPERATING COMPANY, LLC Lease Name: Brown Well #: 1  
 Sec. 7 Twp. 34 S. R. 9  East  West County: Harper

**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: Dual Spaced Neutron Spectral Density Array Compensated True Resistivity Microlog	<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:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Herrington</td> <td>1636</td> <td>-326</td> </tr> <tr> <td>Douglas</td> <td>3489</td> <td>-2179</td> </tr> <tr> <td>Hertha</td> <td>4235</td> <td>-2925</td> </tr> <tr> <td>Mississippian</td> <td>4518</td> <td>-3208</td> </tr> <tr> <td>Viola</td> <td>4850</td> <td>-3540</td> </tr> <tr> <td>Simpson</td> <td>4926</td> <td>-3616</td> </tr> <tr> <td>Arbuckle</td> <td>5108</td> <td>-3798</td> </tr> </table>	Name	Top	Datum	Herrington	1636	-326	Douglas	3489	-2179	Hertha	4235	-2925	Mississippian	4518	-3208	Viola	4850	-3540	Simpson	4926	-3616	Arbuckle	5108	-3798
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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
Conductor	32"	20"		77	Grout	9 yds	
Surface	14 3/4"	10 3/4"	32.75# / ft	220	Class A	225 sx	2% gel, 3% cc

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
	n/a		

TUBING RECORD:    Size: <u>n/a</u> Set At:    Packer At:    Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of First, Resumed Production, SWD or Enhr. <u>n/a</u> 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    Bbbs.    Gas    Mcf    Water    Bbbs.    Gas-Oil Ratio    Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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# ALLIED CEMENTING CO., LLC. 042565

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

SERVICE POINT:  
*Medicine Lodge*

DATE <i>11/2/09</i>	SEC <i>7</i>	TWP. <i>34S</i>	RANGE <i>1W</i>	CALLED OUT <i>3:30p.m.</i>	ON LOCATION <i>4:30p.m.</i>	JOB START <i>2:30a.m.</i>	JOB FINISH <i>3:30 AM</i>
LEASE <i>Brown</i>		WELL# <i>1</i>	LOCATION <i>Hertzelm, K, 2 1/2 1/8N,</i>		COUNTY <i>Berber</i>	STATE <i>Ko.</i>	
OLD OR NEW (Circle one) <i>NEW</i>			<i>1/2 E, 1W, 1/8 E, 3/16 N</i>				

CONTRACTOR *Muckin #20* OWNER *Woolsey Oper.*

TYPE OF JOB *Rot. Plug*

HOLE SIZE *7 7/8* T.D. \_\_\_\_\_

CASING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

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

DRILL PIPE \_\_\_\_\_ DEPTH *5105'*

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

PRES. MAX *300#* MINIMUM \_\_\_\_\_

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

CEMENT LEFT IN CSG. \_\_\_\_\_

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

DISPLACEMENT *mud/fresh*

CEMENT AMOUNT ORDERED *1903x601 40:4*

COMMON <i>1145x</i>	@ <i>15.45</i>	<i>1,761.30</i>
POZMIX <i>76 5x</i>	@ <i>8.00</i>	<i>608.00</i>
GEL <i>85x</i>	@ <i>20.80</i>	<i>1,666.40</i>
CHLORIDE _____	@ _____	_____
ASC _____	@ _____	_____
WELL RIG _____	@ _____	_____
Regulatory Correspondence _____	@ _____	_____
Drig/Comp _____	@ _____	_____
Tests / Meters _____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
HANDLING <i>1903x</i>	@ <i>2.40</i>	<i>456.00</i>
MILEAGE <i>1903x X 20 X 10 =</i>		<i>380.00</i>
TOTAL		<i>3,371.70</i>

EQUIPMENT

PUMP TRUCK CEMENTER *Mark Lofy*

# *414-302* HELPER *Greg G.*

BULK TRUCK

# *581-250* DRIVER *Scott P.*

BULK TRUCK

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

REMARKS:

*Plug 5105' w/355x disp w/mud*

*plug 1450' w/355x disp w/mud*

*plug 450' w/355x*

*plug 270' w/355x*

*plug 60' w/255x*

*plug rot w/155x*

*plug mouse w/105x*

CHARGE TO: *Woolsey Oper.*

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB *5105'*

PUMP TRUCK CHARGE \_\_\_\_\_ *2185.00*

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

MILEAGE *20* @ *7.00* *140.00*

MANIFOLD \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

TOTAL *2,325.00*

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.

PLUG & FLOAT EQUIPMENT

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

*NONE* @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

TOTAL \_\_\_\_\_

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES ~~\_\_\_\_\_~~

DISCOUNT ~~\_\_\_\_\_~~ IF PAID IN 30 DAYS

PRINTED NAME *MIRE THARP*

SIGNATURE *Mire Tharp*

RECEIVED  
FEB 12 2010  
KCC WICHITA