

CONFIDENTIAL

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

12/05/08

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: BEREDCO INC DEC 05 2008
License: 5147
Wellsite Geologist: BILLY G. KLAVER KOG

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: n/a

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. _____

08/10/2008 08/18/2008 09/17/2008
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 007 - 23308 0000
County: BARBER
SW NE NE NW Sec. 7 Twp. 33 S. R. 10 East West
430 feet from S / (N) (circle one) Line of Section
2215 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: LIEBL GU Well #: 2
Field Name: TRAFFAS

Producing Formation: MISSISSIPPIAN
Elevation: Ground: 1627 Kelly Bushing: 1640
Total Depth: 5143 Plug Back Total Depth: 5018
Amount of Surface Pipe Set and Cemented at 240 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
(Data must be collected from the Reserve Pit)
Chloride content 16,000 ppm Fluid volume 900 bbls
Dewatering method used HAUL FREE FLUIDS AND ALLOW TO DRY
Location of fluid disposal if hauled offsite:
Operator Name: WOOLSEY OPERATING COMPANY, LLC (both sites)
Lease Name: SWARTZ / CLARKE License No.: 33168
Quarter _____ Sec. 1/8 Twp. 34/32 S. R. 11/12 East West
County: BARBER Docket No.: D-28,865 / D-28,492

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.

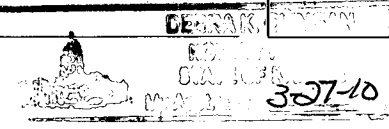
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: _____
Title: Dean Pattison, Operations Manager Date: December 5, 2008

Subscribed and sworn to before me this 5th day of December,
20 08

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
DEC 05 2008



CONSERVATION DIVISION
WICHITA, KS

DATE: 09/22/2008

Operator Name: WOOLSEY OPERATING COMPANY, LLC Lease Name: LIEBL GU Well #: 2
 Sec. 7 Twp. 33 S. R. 10 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chase	1898	- 258
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Toronto	3745	- 2105
List All E. Logs Run:		Douglas	3759	- 2119
		Swope	4398	- 2758
		Hertha	4428	- 2788
		Mississippian	4632	- 2992
		Viola	4947	- 3307
		Simpson	5038	- 3398
Compensated Neutron Density PE				
Dual Induction				
Cement Bond				

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	240'	Class A	200	2% gel, 3% cc
Production	7 7/8"	4 1/2"	10.5# / ft	5056'	60/40 poz	75	4% gel, 1/4# Floseal
					Class H	150	10% salt, 10% Gyp, 1/4# Floseal, 6# Kolseal, .8% FL160 & Claypro

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 (Stalaker)				

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
2	4666' - 4708' Mississippian	ACID: 1900 gal 10% MIRA	4630' -
4	4630' - 4660' Mississippian	FRAC: 554,000 gal treated KCl wtr, 195,000# 30/70 sd, 35,000# 16/30 sd & 15,000# 16/30 resin coated sd	4708' OA

TUBING RECORD		Size 2 3/8"	Set At 4775'	Packer At n/a	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 09/22/2008		Producing Method <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. 5.8	Gas Mcf 35	Water Bbls. 116	Gas-Oil Ratio 6034 : 1	Gravity 29.3

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

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

Production Interval 4630' - 4708' OA

ALLIED CEMENTING CO. LLC. 34241

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

SERVICE POINT:
Medicine Lodge, Ks.

DATE <u>8-19-08</u>	SEC. <u>7</u>	TWP. <u>33S</u>	RANGE <u>10W</u>	CALLED OUT <u>11:00 AM</u>	ON LOCATION <u>12:30 PM</u>	JOB START <u>10:30 AM</u>	JOB FINISH <u>11:45 AM</u>
LEASE <u>Lebl G. U.</u>	WELL # <u>2</u>	LOCATION <u>Medicine Lodge, Ks., 7E, 3S, 10W,</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)			<u>1S, E INTO</u>				

CONTRACTOR Beredco #1
 TYPE OF JOB Production casing
 HOLE SIZE 7 7/8" T.D. 5141'
 CASING SIZE 4 1/2" 10.5# DEPTH 5056'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 1,800 MINIMUM 100
 MEAS. LINE _____ SHOE JOINT 45.15'
 CEMENT LEFT IN CSG. 45.15'
 PERFS. _____
 DISPLACEMENT 90 Bbl 2 3/4 KCL

OWNER Woolsey Operating
 CEMENT
 AMOUNT ORDERED 75 5x60 40.4 + 1/4" FloSeal / SK
150 5x class H + 10% Gyp + 10% Salt + 6" Kd
Soal / SK + 1/4" FloSeal / SK + 8.3 FL-160, 96 GAL
CINPRO
 COMMON 45 A @ 15.45 695.25
 POZMIX 30 @ 8.00 240.00
 GEL 3 @ 20.80 62.40
 CHLORIDE @ _____
 ASC @ _____
 FloSeal 56 # @ 2.50 140.00
150 H @ 16.75 2512.50
Gyp Seal 14 @ 29.20 408.80
Salt 16 @ 12.00 192.00
Kol Seal 900 # @ 0.89 801.00
FL-160 113 # @ 13.30 1502.90
Clamp 9 gal @ 31.25 281.25
 HANDLING 280 @ 2.40 672.00
 MILEAGE 11 x 280 x .10 312.00
 TOTAL 7820.10

EQUIPMENT
 PUMP TRUCK CEMENTER Thomas DeMorrow
 # 300 HELPER Greg K.
 BULK TRUCK
 # 353 DRIVER WELL FILE
 BULK TRUCK
 # _____ DRIVER Regulatory Correspondence
Drig / Comp Workovers
Tests / Meters Operations

REMARKS:
Pile on Bottom, Break circulation Pump 5 Bbl
Flush Ahead, Plug back mouse w/ 25 BK 60.40.4
1/4" FloSeal / SK, Pump Production - 150 SK CLASS H +
10% Gyp + 10% Salt + 10% Kol Seal / SK + 1/4" FloSeal / SK +
8.3 FL-160, stop Pumps, wash pump + lines,
Release Plug, Start Displacement, 6 gal H₂O,
slow Reg, Pump Plug, Float held
Displaced w/ 90 Bbl 2 3/4 KCL Thanks

SERVICE
 DEPTH OF JOB 5056
 PUMP TRUCK CHARGE _____ 2295.00
 EXTRA FOOTAGE @ _____
 MILEAGE 11 @ 7.00 77.00
 MANIFOLD @ _____
Head Rental 1 @ 113.00 113.00
 TOTAL 2484.00

CHARGE TO: Woolsey Operating
 STREET _____
 CITY _____ STATE _____

RECEIVED
KANSAS CORPORATION COMMISSION

DEC 05 2008

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
 AFV Float Shoe 1 @ 434.00 434.00
 Latch Down Plug 1 @ 405.00 405.00
 Turbalizers 11 @ 68.00 748.00
 Rec. Placement 24 @ 68.00 1632.00
 TOTAL 3219.00

DEC 05 2008

PRINTED NAME X ALAN Dick
 SIGNATURE [Signature]

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

ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING

ALLIED CEMENTING CO., LLC. 31290

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

SERVICE POINT:
Medicine Lodge, KS
8-10-08

DATE <u>8-9-08</u>	SEC. <u>7</u>	TWP. <u>33s</u>	RANGE <u>10W</u>	CALLED OUT <u>6:30 pm</u>	ON LOCATION <u>8:00 pm</u>	JOB START <u>11:00 am</u>	JOB FINISH <u>11:30 am</u>
LEASE <u>Libb 60</u>		WELL # <u>2</u>	LOCATION <u>Medicine Lodge, ks 7E, 10</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)			Cedar hills Rd, 3S to Cedar hills Rd, 404, 9/2 S to E 11th				

CONTRACTOR Bredco #1

TYPE OF JOB Surface

HOLE SIZE 14 3/4 T.D. 247

CASING SIZE 10 3/4 DEPTH 240

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 22 bbls of Fresh water

OWNER Woolsey Oper.

CEMENT AMOUNT ORDERED 200sy Class A + 3% cc + 2% Gal

COMMON	<u>200 A</u>	@	<u>15.45</u>	<u>3090.00</u>
POZMIX		@		
GEL	<u>4</u>	@	<u>20.80</u>	<u>83.20</u>
CHLORIDE	<u>7</u>	@	<u>58.20</u>	<u>407.40</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>211</u>	@	<u>2.40</u>	<u>506.40</u>
MILEAGE	<u>11 x 211 x .10</u>			<u>312.00</u>
				<u>min chrg</u>
				<u>TOTAL 4399.00</u>

EQUIPMENT

PUMP TRUCK CEMENTER Darin F.

372 HELPER Hoson M.

BULK TRUCK

363 DRIVER Matt & Donald

BULK TRUCK

_____ DRIVER _____

REMARKS:

Pipe on bottom & break circulation
Pump 3 bbls Class A, mix 200sy of
Cement, Displace 22 bbls size
Shut in, Cement & Plug float
WELL FILL

Regulatory Correspondence
 Drilling Comp Workovers
Tests / Meters Operations

SERVICE

DEPTH OF JOB 240'

PUMP TRUCK CHARGE _____ 1018.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 11 @ 7.00 77.00

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

CHARGE TO: Woolsey Oper.

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 1095.00

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To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist 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.

_____ @ _____

_____ @ 2.00 TOTAL

_____ @ _____

_____ @ _____

_____ @ _____

DEC 05 2008

SALES TAX (If Any) _____

TOTAL CHARGES 1095.00

DISCOUNT 0.00 IF PAID IN 30 DAYS

PRINTED NAME x MIKE TEARD

SIGNATURE x Mike Teard

ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING