



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33168

Name: Woolsey Operating Company, LLC

Address 1: 125 N MARKET STE 1000

Address 2: _____

City: WICHITA State: KS Zip: 67202 + 1729

Contact Person: DEAN PATTISSON

Phone: (316) 267-4379

CONTRACTOR: License # 33793

Name: H2 Drilling LLC

Wellsite Geologist: Scott Alberg

Purchaser: Bluestem Gas Marketing / Plains Marketing

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Corr, Expl., 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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

<u>09/27/2010</u>	<u>10/07/2010</u>	<u>11/10/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-007-23597-00-00

Spot Description: _____

NW SE SE NE Sec. 16 Twp. 34 S. R. 11 East West

2,100 Feet from North / South Line of Section

365 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Barber

Lease Name: DIEL D Well #: 3

Field Name: Schupach

Producing Formation: MISSISSIPPIAN

Elevation: Ground: 1331 Kelly Bushing: 1340

Total Depth: 5190 Plug Back Total Depth: 4904

Amount of Surface Pipe Set and Cemented at: 243 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/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: 01/25/2011
 - Confidential Release Date: _____
 - Wireline Log Received
 - Geologist Report Received
 - UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 01/26/2011