



KANSAS CORPORATION COMMISSION 1055179

Form ACO-1

June 2009

CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM**WELL HISTORY - DESCRIPTION OF WELL & LEASE**Form Must Be Typed
Form must be Signed
All blanks must be Filled

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: ATLAS / PLAINS MRKTG

Designate Type of Completion:

- ☒ New Well ☐ Re-Entry ☐ Workover
- ☐ Oil ☐ WSW ☐ SWD ☐ SIOW
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW
☒ OG ☐ GSW ☐ Temp. Abd.
☐ CM (Coal Bed Methane)
☐ Cathodic ☐ Other (Core, 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 #: _____

01/06/2011 01/16/2011 02/22/2011
 Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-007-23632-00-00

Spot Description:
 S2 NE SE Sec. 9 Twp. 35 S. R. 12 ☐ East ☒ West
 1,650 Feet from ☐ North / ☒ South Line of Section
 660 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Barber

Lease Name: PLATT GU Well #: 3

Field Name: HARDTNER

Producing Formation: MISSISSIPPIAN

Elevation: Ground: 1421 Kelly Bushing: 1428

Total Depth: 5510 Plug Back Total Depth: 5460

Amount of Surface Pipe Set and Cemented at: 223 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: 37000 ppm Fluid volume: 1800 bbls

Dewatering method used: Evaporated

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: 05/04/2011

☐ Confidential Release Date: _____☒ Wireline Log Received☒ Geologist Report Received☐ UIC DistributionALT ☒ I ☐ II ☐ III Approved by: NAOMI JAMES Date: 05/05/2011