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JUN 29 2011

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33168
Name: WOOLSEY OPERATING COMPANY, LLC
Address 1: 125 N. Market
Address 2: Suite 1000
City: Wichita State: KS Zip: 67202
Contact Person: DEAN PATTISSON
Phone: (316) 267-4379 (ext.107)
CONTRACTOR: License # 33610
Name: FOSSIL DRILLING INC
Wellsite Geologist: CURTIS COVEY
Purchaser: PLAINS MARKETING / BLUESTEM GAS MARKETING

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: n/a

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 #: _____

08/16/2007 08/26/2007 08/27/2007
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 095-22112-0000
Spot Description: _____
SE NW SE SE Sec. 24 Twp. 29 S. R. 6 East West
900 Feet from North / South Line of Section
800 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: KINGMAN
Lease Name: SCHLICKAU Well #: 1
Field Name: WILDCAT
Producing Formation: N/A
Elevation: Ground: 1503 Kelly Bushing: 1512
Total Depth: 4611 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 242 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: Haul free fluids and allow to dry
Location of fluid disposal if hauled offsite: _____
Operator Name: MESSENGER PETROLEUM
Lease Name: NICHOLAS License #: 4706
Quarter _____ Sec. 20 Twp. 30 S. R. 8 East West
County: KINGMAN Permit #: D - 25073

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.

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.

Signature: _____

Title: Exploration and Production Manager Date: 06/27/2011

KCC Office Use ONLY

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Dlg Date: 7/12/11

Operator Name: WOOLSEY OPERATING COMPANY, LLC Lease Name: SCHLICKAU Well #: 1
 Sec. 24 Twp. 29 S. R. 6 East West County: KINGMAN

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 complete copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input 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	1167 +345
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Douglas	3014 - 1502
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hertha	3662 - 2150
List All E. Logs Run: Compensated Density / Neutron PE Dual Induction Sonic		Mississippian	4054 - 2542
		Viola	4426 - 2914
		Simpson	4444 - 2932
		Arbuckle	4563 - 3051

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	242	Class A	225	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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.		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 Bbls.	Gas Mcf	Water Bbls.	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 <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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ALLIED CEMENTING CO., INC.

31192

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

SERVICE POINT:
Medicine Lodge

DATE <i>8/27/07</i>	SEC. <i>24</i>	TWP. <i>29S</i>	RANGE <i>6W</i>	CALLED OUT <i>7:30 A.M.</i>	ON LOCATION <i>9:45 A.M.</i>	JOB START <i>8:00 P.M.</i>	JOB FINISH <i>4:00 P.M.</i>
LEASE <i>Schlicker</i>		WELL # <i>1</i>		LOCATION <i>72 + Murdock Rd.</i>		COUNTY <i>Kingman</i>	STATE <i>KA.</i>
OLD OR <u>NEW</u> (Circle one)		<i>3 North, 3/4 East, N/into</i>					

CONTRACTOR <i>Fossil #1</i>	OWNER <i>Wadsey Oper</i>
TYPE OF JOB <i>Rot. plug</i>	CEMENT
HOLE SIZE <i>7 7/8</i>	T.D.
CASING SIZE <i>10 3/4</i>	DEPTH <i>245'</i>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT <i>mud/perm</i>	COMMON <i>66 A @ 11.10 732.60</i>
EQUIPMENT	POZMIX <i>44 @ 6.20 272.80</i>
	GEL <i>4 @ 16.65 66.60</i>
	CHLORIDE @
	ASC @

PUMP TRUCK	CEMENTER <i>Frank</i>
# <i>352</i>	HELPER <i>Clinton</i>
BULK TRUCK	
# <i>304</i>	DRIVER <i>Randy P</i>
BULK TRUCK	
#	DRIVER

WELL FILE

Regulatory Correspondence	
Drig / Comp	Workers
Tests / Meters	Operations
	@
	@
	@
	@
HANDLING <i>11.4</i>	@ <i>1.90 216.60</i>
MILEAGE <i>45 x 1.14 x .09</i>	<i>.461.70</i>
TOTAL <i>1750.36</i>	

REMARKS:

spot plug @ 4565' w/355x chip w/mud.
plug @ 290' 355x chip. w/perm
Plug @ 600' w/255x.
plug float hole w/155x.

CHARGE TO: *Wadsey Oper.*

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <i>4565'</i>	
PUMP TRUCK CHARGE	<i>1750.00</i>
EXTRA FOOTAGE	@
MILEAGE <i>45</i>	@ <i>6.00 270.00</i>
MANIFOLD	@
	@
	@
TOTAL <i>2020.00</i>	

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
ANY APPLICABLE TAX	@	
WILL BE CHARGED UPON INVOICING		TOTAL _____

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper 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 & understand the "TERMS AND CONDITIONS" listed on the reverse side.

~~RECEIVED~~

SIGNATURE *[Signature]*

TAX _____

TOTAL CHARGE ~~_____~~

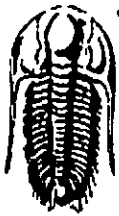
DISCOUNT ~~_____~~ .F PAID IN 30 DAYS

[Signature]
 PRINTED NAME *CAROL W HUNT*

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KCC WICHITA



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Woolsey Oper.Co.LLC

Schlickau#1

125 N.Market,Ste.1000
Wichita Ks.67202

24-29s-6w Kingman K.

Job Ticket: 29382

DST#:1

ATTN: Curtis Covey

Test Start: 2007.08.24 @ 10:44:25

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	54000ppm
Viscosity: 53.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.79 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 5000.00 ppm			
Filter Cake: 0.20 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
63.00	OCMW 7%o 25%m 68%w /Rw.15ohms@74	0.610
167.00	GOCM 26%g 29%o 45%m	2.343
0.00	2830 ft.of GIP	0.000

Total Length: 230.00ft Total Volume: 2.953 bbl

Num Fluid Samples: 0

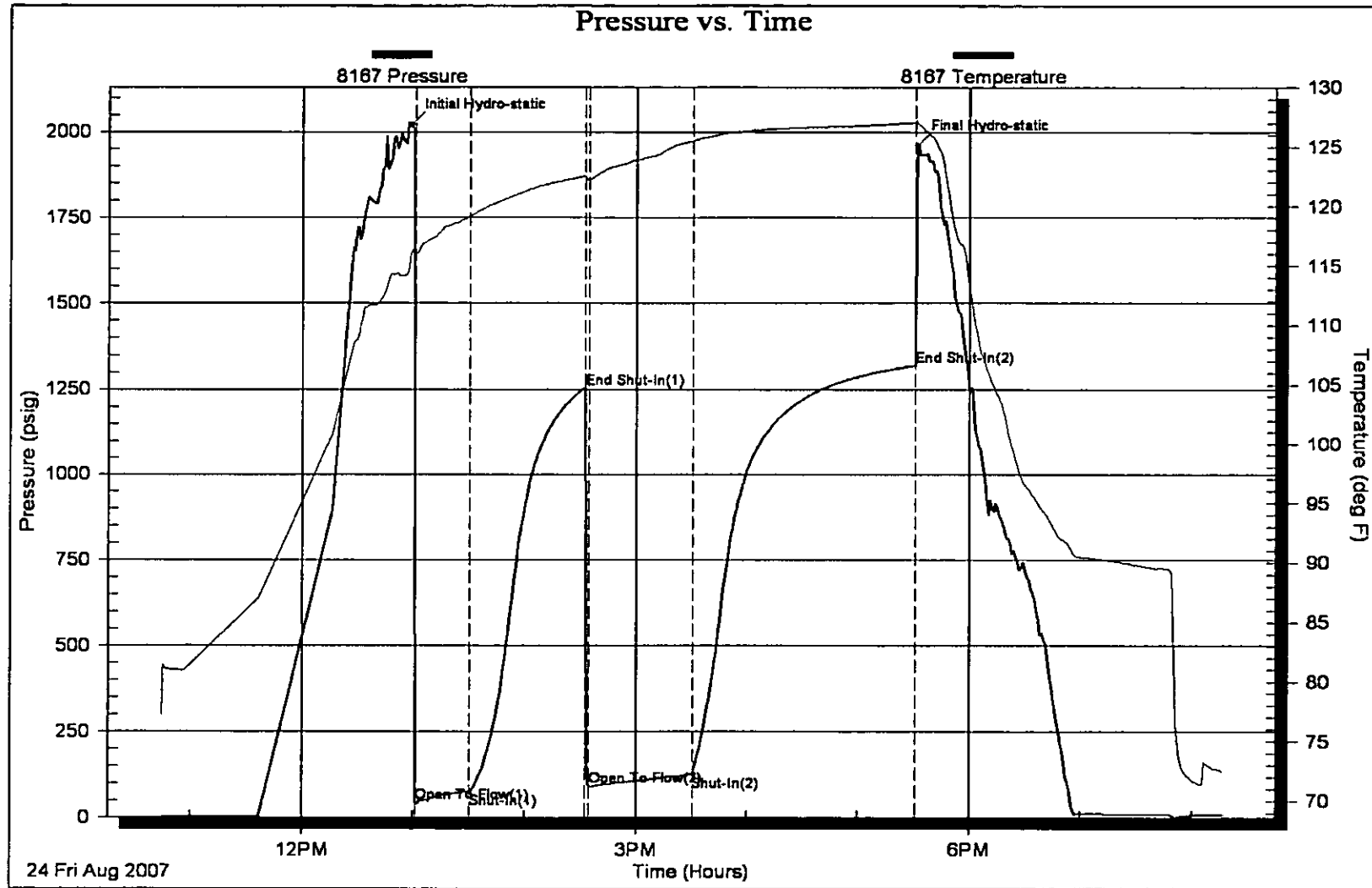
Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:



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