



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1060473

Form ACO-1
June 2009

CONFIDENTIAL

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: 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: _____
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 #: _____

03/31/2011 04/09/2011 05/11/2011
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-007-23677-00-00
Spot Description: _____
SE SE SW Sec. 36 Twp. 33 S. R. 11 ☐ East ☒ West
330 Feet from ☐ North / ☒ South Line of Section
2310 Feet from ☐ East / ☒ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☐ SE ☒ SW
County: Barber
Lease Name: LUTHI GU Well #: 3
Field Name: KOCHIA
Producing Formation: MISSISSIPPIAN
Elevation: Ground: 1447 Kelly Bushing: 1456
Total Depth: 5150 Plug Back Total Depth: 5022
Amount of Surface Pipe Set and Cemented at: 231 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: 67000 ppm Fluid volume: 900 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: 07/29/2011
☐ Confidential Release Date: _____
☒ Wireline Log Received
☒ Geologist Report Received
☐ UIC Distribution
ALT ☒ I ☐ II ☐ III Approved by: NAOMI JAMES Date: 08/01/2011