



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 # 5929

Name: Duke Drilling Co., Inc.

Wellsite Geologist: ROGER FISHER

Purchaser: PLAINS MARKETING / ATLAS PIPELINE

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 #: _____

07/14/2011 07/26/2011 09/07/2011

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-007-23729-00-00

Spot Description: _____

SE SW NW SW Sec. 9 Twp. 35 S. R. 12 East West

1615 Feet from North / South Line of Section

495 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Barber

Lease Name: WECKWORTH Well #: 5

Field Name: HARDTNER

Producing Formation: MISSISSIPPIAN

Elevation: Ground: 1413 Kelly Bushing: 1425

Total Depth: 5537 Plug Back Total Depth: 5286

Amount of Surface Pipe Set and Cemented at: 225 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: 18000 ppm Fluid volume: 1200 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: 11/11/2011

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 11/14/2011