



CONFIDENTIAL

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: 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 #: _____

<u>07/18/2011</u>	<u>07/26/2011</u>	<u>09/20/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-007-23739-00-00

Spot Description: _____

NE SW SW SW Sec. 33 Twp. 34 S. R. 11 East West

340 Feet from North / South Line of Section

500 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Barber

Lease Name: KEESECKER Well #: 4

Field Name: _____

Producing Formation: MISSISSIPPIAN

Elevation: Ground: 1390 Kelly Bushing: 1397

Total Depth: 5372 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 211 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: 13000 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: 11/15/2011
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 11/16/2011