



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>08/01/2011</u>	<u>08/09/2011</u>	<u>09/29/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-007-23742-00-00
 Spot Description: _____
E2 NE SE SW Sec. 18 Twp. 34 S. R. 11 East West
990 Feet from North / South Line of Section
2385 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Barber
 Lease Name: LOGAN Well #: 10-X
 Field Name: RHODES SOUTH
 Producing Formation: MISSISSIPPIAN
 Elevation: Ground: 1416 Kelly Bushing: 1425
 Total Depth: 5220 Plug Back Total Depth: 5050
 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
 (Date must be collected from the Reserve Pit)
 Chloride content: 24000 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: 11/29/2011

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 11/29/2011