

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION CONFIDENTIAL

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   | API No. 15 - 15-007-23759-00-00                          |
|---|--|
| Name: Woolsey Operating Company, LLC                              | Spot Description:  |
| Address 1: 125 N MARKET STE 1000                                  | NW_NW_NW_Sec. 26 Twp. 33 S. R. 11 East V West            |
| Address 2:  |  |
| City: WICHITA State: KS Zip: 67202 + 1729                         | 330 Feet from East / West Line of Section                |
| Contact Person: DEAN PATTISSON                                    | Footages Calculated from Nearest Outside Section Corner: |
| Phone: (316) 267-4379   | □ NE ☑NW . □ SE □SW                                      |
| CONTRACTOR: License # 33793                                       | County:_Barber   |
| Name: H2 Drilling LLC   | Lease Name: FORESTER F Well #: 1                         |
| Wellsite Geologist: SCOTT ALBERG                                  | Field Name: ROUNDUP SOUTH                                |
| -   | Producing Formation: MISSISSIPPIAN                       |
| Purchaser:  | Elevation: Ground: 1464 Kelly Bushing: 147               |
| Designate Type of Completion:                                     | Total Depth: 5045 Plug Back Total Depth: 4887            |
| New Well Re-Entry Workover  | Amount of Surface Pipe Set and Cemented at: 221 Feet     |
| Oil Wsw SWD Slow  | •  |
| ☐ Gas ☐ D&A ☐ ENHR ☑ SIGW   | Multiple Stage Cementing Collar Used? Yes No             |
| OG GSW Temp. Abd.   | If yes, show depth set: Feet                             |
| CM (Coal Bed Methane)   | If Alternate II completion, cement circulated from:      |
| Cathodic Other (Core, Expl., etc.):                               | feet depth to: w/ sx cmt.                                |
| If Workover/Re-entry: Old Well Info as follows:                   |  |
| Operator:   | Drilling Fluid Management Plan                           |
| Well Name:  | (Data must be collected from the Reserve Pit)            |
| Original Comp. Date: Original Total Depth:                        | Chloride content: 29000 ppm Fluid volume: 1800 bbls      |
| Deepening Re-perf. Conv. to ENHR Conv. to SWD                     | Dewatering method used: Evaporated                       |
| Conv. to GSW  |  |
| Plug Back: Plug Back Total Depth                                  | Location of fluid disposal if hauled offsite:            |
| Commingled Permit #:  | Operator Name:   |
| Dual Completion Permit #:   | Lease Name: License #:                                   |
| SWD Permit #:   | Quarter Sec TwpS. R East West                            |
| ENHR Permit #:  | County: Permit #:  |
| GSW Permit #:   | County.  |
| 09/03/2011 09/11/2011 11/01/2011                                  |  |
| Spud Date or Date Reached TD Completion Date or Recompletion Date |  |

## 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: 12/30/2011 |   |  |
| Confidential Release Date:                             |   |  |
| <b>✓</b> Wireline Log Received                         |   |  |
| ✓ Geologist Report Received                            |   |  |
| ☐ UIC Distribution  ALT                                | Đ |  |