



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 # 33902

Name: Hardt Drilling LLC

Wellsite Geologist: ROGER MARTIN

Purchaser: N/A

Designate Type of Completion:

- Checkboxes for completion types: New Well, Re-Entry, Workover, Oil, Gas, OG, CM, Cathodic, WSW, D&A, ENHR, GSW, SWD, ENHR, Temp. Abd., SIOW, SIGW.

If Workover/Re-entry: Old Well Info as follows:

Operator:

Well Name:

Original Comp. Date: Original Total Depth:

- Checkboxes for completion conversions: 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 #:

06/09/2007 06/19/2007 06/20/2007

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

API No. 15 - 15-007-23161-00-00

Spot Description:

NE SE Sec. 9 Twp. 33 S. R. 10 East West

1980 Feet from North South Line of Section

660 Feet from East West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- Checkboxes for section corners: NE, NW, SE, SW

County: Barber

Lease Name: COMBRINK Well #: 1

Field Name:

Producing Formation: N/A

Elevation: Ground: 1455 Kelly Bushing: 1465

Total Depth: 4980 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 243 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: 21000 ppm Fluid volume: 900 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite:

Operator Name: BRISCO DRILLING

Lease Name: COLE SWD License #: 5435

Quarter NW Sec. 25 Twp. 32 S. R. 12 East West

County: BARBER Permit #: D 19886

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

- Checkboxes for office use: Letter of Confidentiality Received, Confidential Release Date, Wireline Log Received, Geologist Report Received, UIC Distribution, Approved by: Deanna Cantor Date: 06/20/2012



1084271

Operator Name: Woolsey Operating Company, LLC Lease Name: COMBRINK Well #: 1  
 Sec. 9 Twp. 33 S. R. 10  East  West County: Barber

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken  Yes  No  Log Formation (Top), Depth and Datum  Sample  
*(Attach Additional Sheets)*

Samples Sent to Geological Survey  Yes  No Name Top Datum  
 DOUGLAS 3558 2093  
 Cores Taken  Yes  No HERTHA 4240 2775  
 Electric Log Run  Yes  No MISSISSIPPIAN 4464 2999  
 Electric Log Submitted Electronically  Yes  No VIOLA 4791 3326  
*(If no, Submit Copy)* SIMPSON SD 4878 3913

List All E. Logs Run:

Compensated Density/Neutron PE  
 Dual Induction

CASING RECORD  New  Used

Report all strings set-conductor, surface, intermediate, production, etc.

Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
SURFACE	14.75	10.75	32.75	243	CLASS	243	2%gel, 3%cc

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  Flowing  Pumping  Gas Lift  Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS:  Vented  Sold  Used on Lease *(If vented, Submit ACO-1B.)*

METHOD OF COMPLETION:  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify) P&A  
*(Submit ACO-5) (Submit ACO-4)*

PRODUCTION INTERVAL: \_\_\_\_\_





GENERAL INFORMATION	
Project Name:	
Location:	
Date:	
Scale:	
Sheet No.:	
Drawn by:	
Checked by:	
Approved by:	
Remarks:	

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