

CONFIDENTIAL

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1099463

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 - 15-007-23903-00-00 |
|--|-----------------|--|--|
| Name: Woolsey Operating | | | Spot Description: |
| Address 1: 125 N MARKET STE 1000 | | | |
| Address 2: | | | |
| City: WICHITA State: KS Zip: 67202 + 1729 | | | 660 Feet from ✓ East / West Line of Section |
| Contact Person: DEAN PATTI | SSON | | Footages Calculated from Nearest Outside Section Corner: |
| Phone: (316) 267-4379 | | · | Z NE NW SE SW |
| CONTRACTOR: License # 33902 | | | County: Barber |
| Name: Hardt Drilling LLC | | | Lease Name: SWARTZ A Well #: 3 |
| Wellsite Geologist: SCOTT ALBERG | | | Field Name: KOCHIA |
| Purchaser: PLAINS MARKETING / ATLAS PIPELINE | | | Producing Formation: MISSISSIPPIAN |
| Designate Type of Completion: | | | Elevation: Ground: 1423 Kelly Bushing: 1433 |
| ✓ New Well Re-Entry Workover | | | Total Depth: 5134 Plug Back Total Depth: 4991 |
| □ Oil □ wsw | SWD | ✓ SIOW | Amount of Surface Pipe Set and Cemented at: 216 Feet |
| Gas D&A | ENHR | sigw | Multiple Stage Cementing Collar Used? |
| 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 In | nfo as follows: | | |
| Operator: | | - Comment of the contract of t | Drilling Fluid Management Plan |
| Well Name: | | II 19 (411 -4 1 - 118 114 11 11 11 11 11 11 11 11 11 11 11 | (Data must be collected from the Reserve Pit) |
| Original Comp. Date: Original Total Depth: | | | Chloride content: 85000 ppm Fluid volume: 1800 bbls |
| Deepening Re-per | f. Conv. to | ENHR Conv. to SWD | Dewatering method used: Hauled to Disposal |
| Plug Back: Plug Back Total Depth | | | Location of fluid disposal if hauled offsite: |
| Commingled Permit #: | | | Operator Name: WOOLSEY OPERATING COMPANY, LLC |
| Dual Completion Permit #: | | | Lease Name: HIBBARD License #: 33168 |
| | | | Quarter NE Sec. 23 Twp. 34 S. R. 9 East V West |
| ENHR | | | County: HARPER Permit #: D30773 |
| GSW 7/5/2012 7/13/2 | 017 | 10/2/2012 | County. |
| | eached TD | Completion Date or | |
| Recompletion Date | | 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: 11/01/2012 |
| Confidential Release Date: |
| ✔ Wireline Log Received |
| ✓ Geologist Report Received |
| UIC Distribution |
| ALT I II Approved by: NAOMI JAMES Date: 11/02/2012 |