

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- 007-22501-0001

County BARBER

180' E OF SE
N2-NW - SE Sec. 33 Twp. 33S Rge. 13W X W

Operator: License # 5506

2310' FSL Feet from S/N (circle one) Line of Section

Name: WOOLSEY PETROLEUM CORPORATION

1800' FEL Feet from E/W (circle one) Line of Section

Address 125 NORTH MARKET

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

SUITE 1000

Lease Name SPRIGGS E Well # 1

City/State/Zip WICHITA KS 67202

Field Name AETNA

Purchaser: BLUESTEM GAS MKTG

Producing Formation SNYDERVILLE

Operator Contact Person: DEBRA K CLINGAN

Elevation: Ground 1661' KB 1672'

Phone (316) 256-4379 EX 106

Total Depth 5294' PBTD 4600'

Contractor: Name: CLARKE WELL SERVICES

License: 5105

Amount of Surface Pipe Set and Cemented at _____ Feet

Wellsite Geologist: _____

Multiple Stage Cementing Collar Used? _____ Yes _____ No

Designate Type of Completion
____ New Well ____ Re-Entry X Workover

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

XX Oil _____ SWD _____ SLOW _____ Temp. Abd.
____ Gas _____ ENHR _____ SIGW
____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

Drilling Fluid Management Plan Re-work, 3-5-99 U.C.
(Data must be collected from the Reserve Pit)

If Workover/Reentry: Old Well Info as follows:

Operator: WOOLSEY PETROLEUM CORP.

Chloride content _____ ppm Fluid volume _____ bbls

Well Name: SPRIGGS E-1

Dewatering method used _____

Comp. Date 8/23/96 Old Total Depth 5294'

Location of fluid disposal if hauled offsite: _____

X Deepening X Re-perf. _____ Conv. to Inj/SWD
____ Plug Back 4600' PBTD
____ Commingled _____ Docket No. _____
____ Dual Completion _____ Docket No. _____
____ Other (SWD or Inj?) _____ Docket No. _____

Operator Name _____

Lease Name _____ License No. _____

3/10/98 3/13/98

____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

3/10/98 3/13/98

County _____ Docket No. _____

COMMENCEMENT of workover.

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature Mark P. Stevenson

K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received

Distribution
 KCC _____ SMD/Rep _____ NGPA
_____ KGS _____ Plug _____ Other (Specify)

Title MARK P. STEVENSON, V.P. Date 02/24/99

Subscribed and sworn to before me this 24TH day of FEBRUARY, 1999.

Notary Public Debra K Clingan

Date Commission Expires MARCH 4, 2002

DEBRA K. CLINGAN
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 3-4-02

Operator Name WOOLSEY PETROLEUM CORPORATION Lease Name SPRIGGS E Well # 1

Sec. 33 Twp. 33 Rge. 13W East County BARBER
 West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List All E.Logs Run:			

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate	4620-00		2	
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input checked="" type="checkbox"/> 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
6 SPF	3927-41' SNYDERVILLE	2000 GAL FE ACID	SAME

TUBING RECORD	Size 2-3/8"	Set At 4538'	Packer At NONE	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SMD or Inj.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
03/13/98				
Estimated Production Per 24 Hours	Oil Bbls. -1-	Gas Mcf 570	Water Bbls. .5	Gas-Oil Ratio Gravity

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval: _____ N/A

CONFIDENTIAL

ORIGINAL

FORM MUST BE TYPED

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- 007-22501 0000

County BARBER

180'E-of N2- NW - SE Sec. 33 Twp. 33S Rge. 13W X ^EW

Operator: License # 5506

RELEASED

Name: WOOLSEY PETROLEUM CORPORATION

2310' FSL Feet from SN (circle one) Line of Section

1800' FEL Feet from EW (circle one) Line of Section

Address: 107 NORTH MARKET **JAN 29 1999**

Footages Calculated from Nearest Outside Section Corner:
NE, (SE) NW or SW (circle one)

SUITE 600

City/State/Zip: WICHITA, KANSAS 67202-1807

Lease Name SPRIGGS E Well # 1

Field Name AETNA

Purchaser: WESTAR / TEXACO TRADING & TRANSPORTATION, INC.

Producing Formation _____

Operator Contact Person: DEBRA K. CLINGAN

Elevation: Ground 1661' KB 1672'

Phone: (316) 267-4379

Total Depth 5294' PBDT 5170'

Contractor: Name: DUKE DRILLING CO., INC.

Amount of Surface Pipe Set and Cemented at 221' Feet

License: 5929

Multiple Stage Cementing Collar Used? X Yes _____ No

Wellsite Geologist: WESLEY D. HANSEN

If yes, show depth set DV TOOL @ 4123' Feet

Designate Type of Completion

X New Well _____ Re-Entry _____ Workover _____

If Alternate II completion, cement circulated from N/A

X Oil _____ SWD _____ SLOW _____ Temp. Abd.
X Gas _____ ENHR _____ SIGW _____
_____ Dry _____ Other (Core, WSW, etc)

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan ALT 1 8/1-5-99
(Data must be collected from the Reserve Pit)

If Workover:

KANSAS CORPORATION COMMISSION

Operator: N/A **OCT 25 1996**

Chloride content 6000 ppm Fluid volume 22,700 bbls

Well Name: _____

Dewatering method used HAULED FREE FLUIDS TO SWD; DEHYDRATION

Comp. Date: _____ Old _____

Location of fluid disposal if hauled offsite: _____

_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD
_____ Plug Back _____ PBDT
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Inj?) _____ Docket No. _____

Operator Name MOLZ OIL C.

Lease Name MOLZ SWD License No. 6006

06/27/1996 07/12/1996 08/23/1996
Spud Date Date Reached TD Completion Date

Quarter Sec. 29 Twp. 32 S Rng. 10 E/W

County BARBER Docket No. CD 11804

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature George M. Preece

Title: GEORGE M. PREECE, EXPLORATION MANAGER Date: 10/25/1996

Subscribed and sworn to before me this 25TH day of OCTOBER, 19 96.

Notary Public Debra K. Clingan
DEBRA K. CLINGAN

Date Commission Expires: MARCH 4, 1998

K.C.C. OFFICE USE ONLY
F X Letter of Confidentiality Attached
C X Wireline Log Received
C X Geologist Report Received
Distribution
_____ KCC _____ SWD/Rep _____ NGPA
_____ KGS _____ Plug _____ Other
(Specify)

DEBRA K. CLINGAN
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 3-4-98

CONFIDENTIAL

SIDE TWO

ORIGINAL

Operator Name: WOOLSEY PETROLEUM CORPORATION Lease Name SPRIGGS E Well # 1

Sec. 33 Twp. 33S Rge. 13W East West County BARBER

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
(Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy.)

List All E.Logs Run:
 COMPENSATED NEUTRON LITHO-DENSITY - GR
 ARRAY INDUCTION - SP GAMMA RAY
 NATURAL GAMMA RAY SPECTROMETRY
 ARRAY SONIC GAMMA RAY
 CEMENT BOND VARIABLE DENSITY GAMMA RAY, CP

Log Formation (Top), Depth and Datums Sample

Name	Top	Datum
KRIDER	2098 (- 426)	
HEEBNER	3911 (-2239)	
LANSING G	4366 (-2694)	
SWOPE	4484 (-2812)	
MISSISSIPPIAN C	4640 (-2968)	
KINDERHOOK	4866 (-3194)	
VIOLA	4978 (-3306)	
ARBUCKLE	5220 (-3548)	
RTD	5294 (-3622)	

RECEIVED
KANSAS CORPORATION COMMISSION

OCT 25 1996

CONSERVATION DIVISION
WICHITA, KS

OCT 25

CONFIDENTIAL

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
CONDUCTOR	17-1/2"	13-3/8"	48#	59'	CLASS A	60	2% GEL, 3% CC
SURFACE	12-1/4"	8-5/8"	28#	221'	60/40 POZMIX	140	2% GEL, 3% CC
PRODUCTION	7-7/8"	4-1/2"	10.5#	5266'	ASC	370	5# KOLSEAL, 1/4# FLOSEAL

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
6	4644'-4654' (MISSISSIPPIAN)	76,000 GAL BORAGEL, 123,000#	12/20
		& 13,000 100 MESH SAND	SAME
		1200 GAL 15% DSFE	SAME

TUBING RECORD

Size	Set At	Packer At	Liner Run
2-3/8"	4636'	NONE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SMD or Inj. 08/27/1996 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Dil	Bbls. -0-	Gas	Mcf 150	Water	Bbls. 15	Gas-Oil Ratio	Gravity

Disposition of Gas: Vented Sold Used on Lease (if vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled 4644'-4654'

Production Interval: Other (Specify) _____