KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: WOOLSEY OPERATING COMPANY, LLC
License #: 33168
Name: DEAN PATISSON, Operations Manager
Address: 125 N. Market, Suite 1000
City/State/Zip: Wichita, Kansas 67202-1775
Purchaser: Plains Marketing
Operator Contact Person: Dean Pattisson, Operations Manager
Phone: ________________________ ext 107
Contractor: Duke Drilling Co., Inc.
License: 5929
Wellsite Geologist: Wesley D. Hansen

Designate Type of Completion:

✓ New Well Re-Entry Workover
✓ Oil SWD SIOW Temp. Abd.
Gas ENHR SIGW
Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
Operator: __________________________
Well Name: _______________________
Original Comp. Date: ______ Original Total Depth: ______
Depositing: ______ Re-perf. ______
Plug Back: ______ Plug Back Total Depth: ______
 Commingled: ______ Docket No. ______
 Dual Completion: ______ Docket No. ______
 Other (SWD or Enhr?): ______ Docket No. ______

12/13/03 12/29/03 1/27/04
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15: 007-22783 0000
County: Barber
C SE NE SE Sec 31 Twp 32 S R 12 East West
1650 fsl _______ feet from S N (circle one) Line of Section
330 fsl _______ feet from E W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW

Lease Name: LONKER Well #: 1
Field Name: Medicine Lodge-Biggs
Producing Formation: Mississippian
Elevation: Ground: 1792 Kelly Bushing: 1801
Total Depth: 5177 Plug Back Total Depth: 4977
Amount of Surface Pipe Set and Cemented at: 268 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: ________ Feet
If Alternate III completion, cement circulated from: n/a
feet depth to: w/ ________ sx cnt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content ______ ppm Fluid volume ______ bbls
Dewatering method used:

Location of fluid disposal if hauled offsite:
Operator Name: __________________________
Lease Name: __________________________ License No.: ______
Quarter Sec Twp. S. R. East West
County: __________________________ Docket No.: ______

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 207B, 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 of 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: __________________________ Date: April 6, 2004
Title: Dean Pattison, Operations Manager

Subscribed and sworn to before me this __________ day of __________
Notary Public: __________________________
Date Commission Expires: March 16, 2004

KCC Office Use ONLY
Letter of Confidentiality Attached
If Denied, Yes [ ] Date: ______
Wireline Log Received
Geologist Report Received
UIC Distribution