

Office of Oil and Gas Resource Management
One Natural Resources Way
Springfield, Illinois 62702-1271



## HIGH VOLUME HORIZONTAL HYDRAULIC FRACTURING REGISTRATION FORM HVHHF-01

Initial Registration		Annual	Submission		Update □	
Registrants Name: WOOLSEY OPERATING COMPNAY, LLC						
Person Completing Form: I. WAYNE WOOLSEY  Title:MANAGER						
Mailing Address: 125 N. MARKET ST, SUITE 1000						
City: WICHITA						
State: KANSAS						
Zip Code: 67202						
Registration # (if known): HVHHF-00003						
Hanklin mariaturat marriet		/_cc:1:-		-l 4 - l !		
Has the registrant, parent, or						
federal or state laws, or regu				ration of	an oil or gas explo	oration or
production site via hydraulic fracturing within the last 5 years?						
Yes □						
If Yes, provide a detailed description as to the nature of the violation(s) whether matters are						
resolved, or current status in Attachment 3						
LINDER DENAITIES OF DERII	IRV I DECLA	DE THA	T I HAVE EX	AMINED	THIS DEGISTRATI	ON FORM
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REGISTRATION FORM, INCLUDING ACCOMPANYING STATEMENTS AND DOCUMENTS, AND TO THE BEST OF MY						
KNOWLEDGE, IT IS TRUE, CORRECT, AND COMPLETE.						
PRINT NAME: 1 Marine a Marine a Marine a Marine and Marine and Marine a Marine and Marin						
INCLUDING ACCOMPANYING STATEMENTS AND DOCUMENTS, AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT, AND COMPLETE.  PRINT NAME: I. Wayne Woolsey  SIGNATURE OF REGISTRANT:						
SIGNATURE OF REGISTRANT:					DE OAL	0,
TITLE: Manager			DATE: 8/23/1	6	OFFICE OF M	IL & GIVENT
					SEFICE OF	ANAOL
					OF OURCE!	
NOTE					12/2	

#### NOTE

- 1. This Registration Form is subject to change and therefore the registrant may be required to provide additional information after the adoption of the Hydraulic Fracturing Regulatory Act Administrative Rules.
- 2. Once your registration is approved, if any information changes, you must provide updates within 60 days of the change using this same form and marking the 'Update' box.
- 3. Applications for Hydraulic Fracturing permits will not be accepted until the adoption of the Hydraulic Fracturing Regulatory Act Administrative Rules.



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## HIGH VOLUME HORIZONTAL HYDRAULIC FRACTURING REGISTRATION FORM HVHHF-01, Attachment 1 - Proof of Insurance

	_			
Please provide proof of insurance to cover injuries, damages, or loss, related to pollution or				
diminution in the amount of at least \$5,000,000 from an insurance carrier authorized, licensed, or				
permitted to do this insurance business in this state, that holds at least an A- rating by A.M. Best &				
Co., or any comparable rating service (REF. 1-35(a)(3).				
Please enter text or copy and paste the image of your proof of insurance:				
2016-17 Proof of Insurance previously submitted				



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## HIGH VOLUME HORIZONTAL HYDRAULIC FRACTURING REGISTRATION FORM HVHHF-01, Attachment 2 – Parent Corporation, Subsidiaries, and/or Affiliates of Registrant

Please provide Name and Address of any parent corporation, subsidiaries and/or affiliates related to the registrant.

List parent corporation first. Sort by State with Illinois entities listed first, and then sort within the State by Name.

#### Please enter text

Woolsey Companies, Inc. - Parent 125 N. Market St., Suite 1000 Wichita, KS 67202

Woolsey Energy II, LLC - Affiliate - Kansas Limited Liability Company 125 N. Market St., Suite 1000 - Illinois Limited Liability Company Wichita, KS 67202

Woolsey Energy Corporation - Affiliate - Kansas Corporation 125 N. Market St., Suite 1000 Wichita, KS 67202

Woolsey Investments, LLC - Affiliate - Kansas Limited Liability Company 125 N. Market St., Suite 1000 Wichita, KS 67202



#### Office of Mines and Minerals

Division of Oil and Gas One Natural Resources Way (217) 782-7756 Springfield, Illinois 62702-1271



# HYDRAULIC FRACTURING PERMITTEE REGISTRATION FORM HVHF-01, Attachment 3 – Violation(s) and Resolution(s)

If the applicant, parent, or any subsidiary/affiliate has been found to be in serious violation of any federal or state laws, or regulations in the development or operation of an oil or gas exploration or production site via hydraulic fracturing within the last 5 years; please provide a detailed description as to the nature of the violation(s) and resolution(s).

Please sort by State, listing Illinois first, and then sort by violation, listing Fracking violations first.

#### Please enter text for violations and resolutions:

#### Not Applicable

The applicant, parent, or any subsidiary has not been found to be in serious violation of any Federal or State laws or regulations in the development or operation of an oil or gas exploration or production site via hydraulic fracturing within the past five (5) years.



Office of Mines and Minerals

Division of Oil and Gas (217) 782-7756 One Natural Resources Way Springfield, Illinois 62702-1271



## OG-1 PERMITTEE STATUS REPORTING FORM

PERMITTEE #:	1658
NAME: wools	EY OPERATING COMPANY, LLC
STREET ADDRES	SS/R.R.#/ 125 NORTH MARKET STREET
CITY, STATE, ZI	P: WICHITA, KANSAS 67202
PHONE/FAX NUI	MBER:316-267-4379 MAIN LINE / 316-267-4383 FAX LINE
E-MAIL ADDRES	S_WOOLSEY@WOOLSEYCO.COM
	STATUS: (All applicable information must be reported
2. Does the Permit	orship (individual owner) © Corporation © Limited Liability Company © Partne tee name listed on the Annual Well Fee Bill own the right to drill, produce and al the wells shown on the Fee Bill? □ YES □ NO
<ol><li>Does the Permit production from</li></ol>	
2. Does the Permit production from If NO, explain reproduction:  3. Is the Permittee If yes, is the ass	tee name listed on the Annual Well Fee Bill own the right to drill, produce and al the wells shown on the Fee Bill? □ YES □ NO
<ol> <li>Does the Permit production from If NO, explain a production:</li> <li>Is the Permittee If yes, is the ass YES NO</li> <li>Does Permittee</li> </ol>	tee name listed on the Annual Well Fee Bill own the right to drill, produce and al the wells shown on the Fee Bill? □ YES □ NO elationship of current Permittee to owner of right to drill, produce and allocate name listed on the Annual Well Fee Bill an assumed business name? □ YES □ umed business name registered as required by the Assumed Business Name Act?
<ol> <li>Does the Permit production from If NO, explain reproduction:</li> <li>Is the Permittee If yes, is the ass ☐ YES ☐ NO</li> <li>Does Permittee If yes, Permittee II yes, Per</li></ol>	name listed on the Annual Well Fee Bill own the right to drill, produce and all the wells shown on the Fee Bill?   NO elationship of current Permittee to owner of right to drill, produce and allocate name listed on the Annual Well Fee Bill an assumed business name?   YES under business name registered as required by the Assumed Business Name Act? In what County or Counties?
2. Does the Permit production from If NO, explain reproduction:  3. Is the Permittee If yes, is the ass YES NO 4. Does Permittee If yes, Permittee II yes, P	name listed on the Annual Well Fee Bill own the right to drill, produce and al the wells shown on the Fee Bill?   PYES

b. List Registered Agent:	MATTHEW B. FLANIG	AN				
_	(Name)					
	108 S NINTH ST, M	r. VERNON, IL 62864				
		(Address)				
c. List Corporate officers		I. WAYNE WOOLSEY				
or <u>LLC</u> members or	President	Manager				
managers: (please mark one)	77. 79. 14					
	Vice-President	Member				
	Secretary	Member				
d. List secretary of State	Ттеаѕитег	Member				
corporation / LLC file						
number						
TOTO						
If Permittee is a Partnership:  a. Type of Partnership:						
b. Doing Business As (d/b/a):						
c. List Partners:		Turner				
	S.S.					
	S.S	(voluntary)				
	5.0	(voluntary)				
	S.S	#				
	5.5	(voluntary)				
	S.S	(voluntary)				
		rtnership or Sole Proprietorship, please				
describe the nature of Permittee	's organization:					
List below the name of	person(s) having current	Power of Attorney with authorization to sig				
applications, bonds, etc	on your (or company/corpo	Power of Attorney with authorization to signation behalf and provide a copy of the "Illino"				
applications, bonds, etc Statutory Short Form" for	on your (or company/corpo	Power of Attorney with authorization to signation) behalf and provide a copy of the "Illino				
applications, bonds, etc Statutory Short Form" for	on your (or company/corpo	Power of Attorney with authorization to signation) behalf and provide a copy of the "Illino				
applications, bonds, etc Statutory Short Form" for	on your (or company/corpo	Power of Attorney with authorization to signation) behalf and provide a copy of the "Illino				
applications, bonds, etc Statutory Short Form" for	on your (or company/corpo	Power of Attorney with authorization to signation) behalf and provide a copy of the "Illino				
applications, bonds, etc Statutory Short Form" for	on your (or company/corpo	Power of Attorney with authorization to signation) behalf and provide a copy of the "Illino				
applications, bonds, etc Statutory Short Form" for	on your (or company/corpo	Power of Attorney with authorization to signation) behalf and provide a copy of the "Illino  August 23, 2016  Date				

## ACORD.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/03/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER IMA, Inc Wichita Division PO Box 2992	CONTACT NAME: PHONE (A/C, No, Ext): 316 267-9221  E-MAIL ADDRESS:	66-6254			
Wichita, KS 67201 316 267-9221	INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Company				
INSURED Woolsey Operating Company, LLC 125 N Market Ste 1000 Wichita, KS 67202-1729	INSURER B: Everest National Insurance Co. INSURER C: Vigilant Insurance Company INSURER D: INSURER E: INSURER F:				

Wighita KS 67202 1720			INSURER D :				
Wichita, KS 67202-1729			INSURER E :				
				INSURER F:			
COV	ERAGES CEF	TIFICATE	NUMBER:			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIST INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OF CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURA EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SH		IT, TERM OR CONDITION OF THE INSURANCE AFFORDER LIMITS SHOWN MAY HAV	ANY CONTRACT OF BY THE POLICIES E BEEN REDUCED	R OTHER DOO DESCRIBED I BY PAID CLAI	CUMENT WITH RESPECT 1 HEREIN IS SUBJECT TO A	TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POHCY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
Α	X COMMERCIAL GENERAL LIABILITY			08/01/2016	08/01/2017		s1,000,000
	CLAIMS-MADE X OCCUR	1	(a) 11			DAMAGE TO RENTED PREMISES (Ea occurrence)	s1,000,000
			F170 0 8 5010			MED EXP (Any one person)	s15,000
			\$170.000	_		PERSONAL & ADV INJURY	s1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		8.110 ac ac	GAS		GENERAL AGGREGATE	\$2,000,000
	POLICY PRO- JECT LOC		CELLICE OF OIL & RESOURCE MANAG	CWELL		PRODUCTS - COMP/OP AGG	s2,000,000
	OTHER:		KI SOURCE III				\$
Α	AUTOMOBILE LIABILITY			08/01/2016	08/01/2017	(ED decident)	s1,000,000
	X ANY AUTO					,	\$
	ALL OWNED SCHEDULED AUTOS AUTOS						\$
	X HIRED AUTOS X NON-OWNED AUTOS			İ		PROPERTY DAMAGE (Per accident)	\$
							\$
Α	UMBRELLA LIAB X OCCUR			08/01/2016	08/01/2017	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB CLAIMS-MAD					AGGREGATE	s5,000,000
	DED X RETENTION \$0						\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			08/01/2016	08/01/2017	X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE NO. OFFICER/MEMBER EXCLUDED?	N/A					\$1,000,000
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
С	Pollution			08/01/2016	08/01/2017	Each Pollution Incid	ent
						\$1,000,000	
L.					<u> </u>	Aggregate \$2,000,00	10
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Excess Liability is excess over the General Liability, Pollution Liability, Auto Liability and Employers

Liability coverages, subject to the terms and conditions of the policy.

CERTIFICATE HOLDER	CANCELLATION
Illinois Department of Natural Resources Office of Oil and Gas Resource Management	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
One Natural Resources Way	AUTHORIZED REPRESENTATIVE
Springfield, IL 62707	

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