



ILLINOIS DEPARTMENT OF NATURAL RESOURCES

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 <input type="checkbox"/>	Annual Submission <input checked="" type="checkbox"/>	Update <input type="checkbox"/>
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		

Has the registrant, parent, or any subsidiary/affiliate 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?	
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If Yes, provide a detailed description as to the nature of the violation(s) whether matters are resolved, or current status in Attachment 3	

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: I. Wayne Woolsey	
SIGNATURE OF REGISTRANT:	
TITLE: Manager	DATE: 8/23/16

RECEIVED
DEPT. OF NATURAL RESOURCES
SPRINGFIELD
AUG 24 2016
OFFICE OF OIL & GAS
RESOURCE MANAGEMENT

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 HVHFF-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



ILLINOIS DEPARTMENT OF NATURAL RESOURCES

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.



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Office of Mines and Minerals

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(217) 782-7756

One Natural Resources Way
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OG-1 PERMITTEE STATUS REPORTING FORM

MAILING ADDRESS VERIFICATION (All information must be completed)

PERMITTEE #: 4658

NAME: WOOLSEY OPERATING COMPANY, LLC

STREET ADDRESS / R.R. # /

P.O. BOX: 125 NORTH MARKET STREET

CITY, STATE, ZIP: WICHITA, KANSAS 67202

PHONE/FAX NUMBER: 316-267-4379 MAIN LINE / 316-267-4383 FAX LINE

E-MAIL ADDRESS WOOLSEY@WOOLSEYCO.COM

PERMITTEE STATUS: (All applicable information must be reported)

1. Sole Proprietorship (individual owner) Corporation Limited Liability Company Partnership

2. Does the Permittee name listed on the Annual Well Fee Bill own the right to drill, produce and allocate production from the wells shown on the Fee Bill? YES NO

If NO, explain relationship of current Permittee to owner of right to drill, produce and allocate production:

Blank lines for explanation of relationship.

3. Is the Permittee name listed on the Annual Well Fee Bill an assumed business name? YES NO

If yes, is the assumed business name registered as required by the Assumed Business Name Act?

YES NO In what County or Counties?

4. Does Permittee have a Federal Employee Identification Number (FEIN)? YES NO

If yes, Permittee is required to report the FEIN. [Redacted]

5. If Permittee is a Sole Proprietorship (individual owner):

a. Name:

b. Social Security Number: (voluntary).

c. Doing Business As (d/b/a):

6. If Permittee is a Corporation or Limited Liability Company (LLC):

a. Is the Corporation or LLC registered to do business in Illinois? YES NO

b. List Registered Agent:

MATTHEW B. FLANIGAN

(Name)

108 S NINTH ST, MT. VERNON, IL 62864

(Address)

c. List Corporate officers or LLC members or managers: (please mark one)

President

Vice-President

Secretary

Treasurer

I. WAYNE WOOLSEY

Manager

Member

Member

Member

d. List secretary of State corporation / LLC file number



7. If Permittee is a Partnership:

a. Type of Partnership:

b. Doing Business As (d/b/a):

c. List Partners:

S.S.#

(voluntary)

S.S.#

(voluntary)

S.S.#

(voluntary)

S.S.#

(voluntary)

8. If Permittee is an entity other than a Corporation, LLC, Partnership or Sole Proprietorship, please describe the nature of Permittee's organization:

1. List below the name of person(s) having current Power of Attorney with authorization to sign applications, bonds, etc.. on your (or company/corporation) behalf and provide a copy of the "Illinois Statutory Short Form" for the Power of Attorney.

n/a

I. WAYNE WOOLSEY

Person completing form (please print)

August 23, 2016

Date



(Signature of owner or officer, Section 240.230)

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

WOOLOPE

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) 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, Wichita, KS 67201, 316 267-9221. CONTACT NAME, PHONE: 316 267-9221, FAX: 316 266-6254. INSURER(S): Federal Insurance Company, Everest National Insurance Co., Vigilant Insurance Company.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation and Employers' Liability, and Pollution.

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