



# 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 checked="" type="checkbox"/>	Annual Submission <input type="checkbox"/>	Update <input type="checkbox"/>
Registrants Name: WOOLSEY OPERATING COMPANY, 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):		

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FEB 08 2016

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RESOURCE MANAGEMENT

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: 2/2/16

### 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:**

See Attached Proof of Insurance.

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(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).


<b>PRODUCER</b> IMA, Inc. - Wichita Division PO Box 2992 Wichita, KS 67201 316 267-9221	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 316 267-9221		FAX (A/C, No): 316 266-6254
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Woolsey Operating Company, LLC 125 N Market Ste 1000 Wichita, KS 67202-1729	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: Federal Insurance Company		20281
	INSURER B: Insurance Co. of State of PA.		19429
	INSURER C: Vigilant Insurance Company		20397
	INSURER D:		
	INSURER E:		
INSURER F:			

**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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				08/01/2015	08/01/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS				08/01/2015	08/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0				08/01/2015	08/01/2016	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below				08/01/2015	08/01/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Pollution				08/01/2015	08/01/2016	Each Pollution Incident \$1,000,000 Aggregate \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, 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.

<b>CERTIFICATE HOLDER</b> Illinois Department of Natural Resources Office of Oil and Gas Resource Management One Natural Resources Way Springfield, IL 62707	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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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, Suite 1000  
Wichita, KS 67202

Woolsey Energy II, LLC – Affiliate – Kansas Limited Liability Company  
125 N. Market, Suite 1000 – Illinois Limited Liability Company [REDACTED]  
Wichita, Ks 67202

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

Woolsey Investments LLC – Affiliate – Kansas Limited Liability Company  
125 N. Market, 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 with the last 5 years.

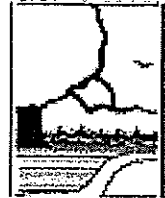


ILLINOIS DEPARTMENT OF NATURAL RESOURCES

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

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, SUITE 1000

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

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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.

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

I. WAYNE WOOLSEY

Manager

Vice-President

Member

Secretary

Member

Treasurer

Member

d. List secretary of State  
corporation / *LLC* file  
number

[REDACTED]

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)

2/2/16

Date

(must be owner or officer, Section 240.230)