Confidentiality Requested:
☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1078582

Form ACO-1
August 2013
Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33539
Name: Cherokee Wells LLC
Address 1: 4916 CP BOWIE BLVD
Address 2: STE 204
City: FT WORTH State: TX Zip: 76107 + 4181
Contact Person: Emily Browning
Phone: (817) 626-9898
CONTRACTOR: License # 33072
Name: Well Refined Drilling Company, Inc.
Wellsite Geologist: N/A
Purchaser: Southeastern Kansas Pipeline

Designate Type of Completion:
☐ New Well ☐ Re-Entry ☑ Workover
☐ Oil ☐ WSW ☐ SWD ☐ SIOW
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW
☐ OG ☐ GSW ☐ Temp. Abd.
☑ CM *(Coal Bed Methane)*
☐ Cathodic ☐ Other *(Core, Expl., etc.)*:

If Workover/Re-entry: Old Well Info as follows:
Operator: Cherokee Wells, LLC
Well Name: Boyle A-1
Original Comp. Date: 11/27/2007 Original Total Depth: 1405
☐ Deepening ☑ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD
☑ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer

☐ Commingled Permit #:
☐ Dual Completion Permit #:
☐ SWD Permit #:
☐ ENHR Permit #:
☐ GSW Permit #:

2/17/2012		2/24/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-205-27344-00-01
Spot Description: C NWSE
__ - __ - NW - SE Sec. 31 Twp. 27 S. R. 14 ☑ East ☐ West
1980 Feet from ☐ North / ☑ South Line of Section
1980 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
GPS Location: Lat: ____ *(e.g. xx.xxxxx)*, Long: ____ *(e.g. -xxx.xxxxx)*
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Wilson
Lease Name: BOYLE Well #: A-1
Field Name: Cherokee Basin Coal Gas Area
Producing Formation: Unknown
Elevation: Ground: 940 Kelly Bushing: 940
Total Vertical Depth: 1405 Plug Back Total Depth: 1389
Amount of Surface Pipe Set and Cemented at: 43 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☑ No
If yes, show depth set: ____ Feet
If Alternate II completion, cement circulated from:
feet depth to: ____ w/ ____ sx cmt.

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 #:
Quarter ____ Sec. ____ Twp. ____ S. R. ____ ☐ East ☐ West
County: Permit #:

AFFIDAVIT
I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY
☑ **Confidentiality Requested**
Date: 04/11/2012
☑ **Confidential Release Date:** 04/11/2014
☐ **Wireline Log Received**
☐ **Geologist Report Received**
☐ **UIC Distribution**
ALT ☐ I ☑ II ☐ III **Approved by:** NAOMI JAMES **Date:** 04/12/2012

1078582

Operator Name: Cherokee Wells LLC Lease Name: BOYLE Well #: A-1

Sec. 31 Twp. 27 S. R. 14 ☑ East ☐ West County: Wilson

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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

List All E. Logs Run:

High Resolution Compensated Density/Neutron Log-Previously Submitted
Dual Induction Log-Previously Submitted
Cement Bond Log

☑ Log Formation (Top), Depth and Datum ☐ Sample

Name	Top	Datum
Drillers Log-Previously Submitted		

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
Surface	12.25	8.63	26	43	Portland	10	
Longstring	6.75	4.5	10.5	1400	Thickset	150	

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
____ Perforate ____ Protect Casing ____ Plug Back TD ____ Plug Off Zone	-			
	-			

Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☐ No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? ☐ Yes ☐ No *(If No, fill out Page Three of the ACO-1)*

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
8	1055'-1057'	3 1/8" Slick Tag Gun Shots	
7	1060'-1061.25'		
5	1063.5'-1064.5'		

TUBING RECORD: Size: Set At: Packer At: Liner Run: ☐ Yes ☐ No

Date of First, Resumed Production, SWD or ENHR. 3/07/2012

Producing Method: ☐ Flowing ☑ Pumping ☐ Gas Lift ☐ Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		17	20		

DISPOSITION OF GAS:
☐ Vented ☑ Sold ☐ Used on Lease
(If vented, Submit ACO-18.)

METHOD OF COMPLETION:
☐ Open Hole ☑ Perf. ☐ Dually Comp. *(Submit ACO-5)* ☐ Commingled *(Submit ACO-4)*
☐ Other *(Specify)* _____

PRODUCTION INTERVAL:
_____
_____

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802

Kansas
Corporation Commission

Phone: 316-337-6200
Fax: 316-337-6211
http://kcc.ks.gov/

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

April 11, 2012

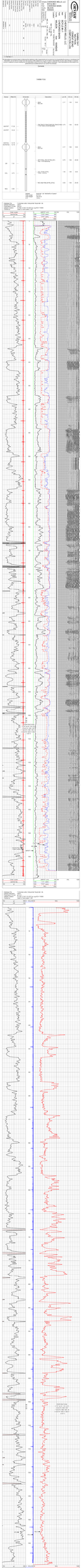
Emily Browning
Cherokee Wells LLC
4916 CP BOWIE BLVD
STE 204
FT WORTH, TX 76107-4181

Re: ACO1
API 15-205-27344-00-00
BOYLE A-1
SE/4 Sec.31-27S-14E
Wilson County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Emily Browning

Company : EVERFORD WELLS LTD.
Well : 15/28a-10 ST1
Field : EVERFORD WELLS
County : WEXFORD
Location : 52° 17' 0.00" N 6° 27' 0.00" W
Elevation : KB: 0.00 m GL: 0.00 m
Date : 17-Jul-2009