



**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

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: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ 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**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing    Pumping    Gas Lift    Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Air Drilling  
Specialist  
Oil and Gas Wells



**M.O.K.A.T. DRILLING**  
Office Phone: (620) 879-5377



P.O. Box 590  
Caney, KS 67333

Operator **CHEROKEE WELLS, LLC**

Well No. **P-8**

Lease **BURNT HILLS RANCH**

Loc.

1/4

1/4

1/4

Sec. **21**

Twp. **27**

Rge. **15E**

County	State	Typ/Well	Depth	Hours	Date Started	Date Completed
WILSON	KS		1390'		6-11-13	6-13-13

Job No.	Casing Used	Bit No.	Type	size	From	To	Bit No.	type	Size	From	To	% Rec.
	42' 8 5/8"			6 3/4"								

Driller	Cement Used	Bit Record	Coring Record
	8		

Driller	Rig No.	Hammer No.

**Formation Record**

From	To	Formation	From	To	Formation	From	To	Formation
0	25	OVERBURDEN	827	829	SHALE	1181	1195	SHALE
25	50	SANDY SHALE	829	833	SAND	1187		GAS TEST (SAME)
50	155	SHALE	833	846	SHALE	1195	1245	SAND (OIL ODOR) WATER
155	205	LIME	846	849	COAL	1213		GAS TEST (SAME)
205	287	SHALE	849	858	SHALE	1245	1272	SAND SANDY SHALE
287	313	LIMEY SHALE	858	875	SANDY SHALE	1272	1300	SANDY SHALE
313	350	SHALE	861		GAS TEST (SAME)	1300	1301	COAL
350	410	LIME	875	899	SHALE	1301	1311	SHALE
410	456	SHALE	899	900	LIME	1311	1319	SAND
456	457	COAL	900	902	COAL	1319	1354	SHALE
457	470	SHALE	902	905	SHALE	1354	1365	CHAT (MISS)
470	477	LIME	905	927	LIME	1365	1390	LIME
477	498	SHALE	911		GAS TEST (SAME)			
498	504	LIME	927	961	SHALE			T.D. 1390'
504	507	SHALE	961	977	LIME			
507	591	LIME	977	981	BLK SHALE			
591	596	BLK SHALE	981	989	LIME			
596	597	LIME	987		GAS TEST (SAME)			
597	621	SHALE	989	996	BLK SHALE COAL			
621	649	GAS TEST (2# 1/4")	996	1022	SANDY SHALE			
649	656	LIME (OIL ODOR)	1022	1079	GAS TEST (3# 1/4")			
656	696	BLK SHALE	1079	1081	SHALE			
696	699	LIME (OIL ODOR)	1081	1083	COAL			
699	776	BLK SHALE	1083	1087	SHALE			
776	784	SHALE	1087		SAND (OIL ODOR)			
784	800	GAS TEST (SAME)	1087	1136	GAS TEST (7# 1/4")			
800	819	LIMEY SHALE	1136	1137	SHALE			
819	826	SHALE	1137	1177	COAL			
826	827	SHALE	1162		SHALE			
827		LIME	1177	1181	GAS TEST (SAME)			
			1177		BLK SHALE			



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 42948

LOCATION Eureka

FOREMAN Stevenson

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT** APT 15-205-25184

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-13-13		Burnt Hills Ranch # P-9	21	27S	15E	Wilson
CUSTOMER			TRUCK #			
Damasius Energy Partners			DRIVER			
MAILING ADDRESS			TRUCK #			
1033 Fillmore ST			DRIVER			
CITY			TRUCK #			
Eredania			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			

JOB TYPE <u>Logging</u>	HOLE SIZE <u>6 3/4"</u>	HOLE DEPTH <u>1390'</u>	CASING SIZE & WEIGHT <u>4 1/2" 9.5"</u>
CASING DEPTH <u>1353'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT <u>23 bbls</u>	DISPLACEMENT PSI <u>800*</u>	MIX PSI <u>1200*</u>	RATE

REMARKS: Safety meeting: Rig up to 4 1/2 casing. Break circulation w/ 27 bbls Fresh water Pump 100\* Caustic soda pre flush \* 10 bbls Water spacer. Mix 150 sks Thickset cement w/ 5" Kel-seal per sk. Washout pump & lines. Shut down Release Plug. Displace w/ 29 bbls Freshwater. Final Pumping Pressure 800\* Bump Plug 1300\* Wait 2 min Release Pressure. Plug held Good cement Returns to bit. 10 bbl. Job complete Rig down.

*Thank you*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	40	MILEAGE	4.20	168.00
1126A	150 sks	Thickset Cement	20.16	3024.00
1110A	750*	Kel-seal 5" per/sk	.46	345.00
1103	100*	Caustic Soda	1.69	169.00
5407A	8.25	Top mileage Bulk Truck	1.41	465.30
4404	1	4 1/2" Top Rubber Plug	47.25	
			SubTotal	5256.30
			SALES TAX	258.27
			ESTIMATED TOTAL	5514.57

Ravin 3737

AUTHORIZATION [Signature]

TITLE \_\_\_\_\_

DATE 6/13/13

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

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



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

Mark Sievers, Chairman  
Thomas E. Wright, Commissioner  
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

November 13, 2013

Tracy Miller  
Cherokee Wells LLC  
5201 CAMP BOWIE BLVD  
STE 200  
FT WORTH, TX 76107-4181

Re: ACO1  
API 15-205-28184-00-00  
Burnt Hills Ranch P-8  
SW/4 Sec.21-27S-15E  
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,  
Tracy Miller

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



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November 13, 2013

Tracy Miller  
Cherokee Wells LLC  
5201 CAMP BOWIE BLVD  
STE 200  
FT WORTH, TX 76107-4181

Re: ACO-1  
API 15-205-28184-00-00  
Burnt Hills Ranch P-8  
SW/4 Sec.21-27S-15E  
Wilson County, Kansas

Dear Tracy Miller:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 06/11/2013 and the ACO-1 was received on November 13, 2013 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department