



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1185383
OIL & GAS CONSERVATION DIVISION

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 # _____

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1185383

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> 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 <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

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <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> _____	PRODUCTION INTERVAL: _____ _____
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McPherson Drilling LLC Drillers Log

Rig Number: 1	S. 20	T. 27	R.15 E
API No. -15- 205-28243	County: Wilson		
Elev. 883'	Location: W 2 SW		

Gas Tests:	
427	0.00
477'	43.90
751'	43.90
777'	43.90
814'	94.50
828'	78.10
1228'	141.00
PICKED UP A LOT OF WATER @ 1150'	
Comments:	
Start injecting @ 750'	

Operator: CHEROKEE WELLS LLC			
Address: 5201 CAMP BOWIE BLVD; STE 200 FT WORTH, TX 76107			
Well No: 1-20	Lease Name: BENJEGERDES		
Footage Location: 1,320 ft. from the SOUTH Line	660 ft. from the WEST Line		
Drilling Contractor: McPherson Drilling LLC			
Spud date: 12/10/2013	Geologist:		
Date Completed: 12/12/2013	Total Depth: 1303'		

Casing Record			Rig Time:	
	Surface	Production		
Size Hole:	11"	6 3/4"	1 BOX SAMPLE BAGS	
Size Casing:	8 5/8'			
Weight:	23#			
Setting Depth:	44'			
Type Cement:	Port	4 SACKS MCPHERSO	DRILLER:	Andy Coats
Sacks:	8			

Well Log

Formation	Top	Btm.	HRS.	Formation	Top	Btm.	Formation	Top	Btm.
top soil	0	2		lime	626	638	sand/shale	858	899
lime	2	51		sand	638	676	coal	899	900
shale	51	132		coal	676	677	shale	900	914
lime	132	183		sand/shale	677	681	coal	914	915
shale	183	201		sand	681	717	shale	915	921
lime	201	253		sand/shale	717	732	sand/shale	921	949
shale	253	262		coal	732	733	coal	949	950
sand	262	279		shale	733	737	sand/shale	950	968
coal	279	280		lime	737	741	coal	968	969
sand	280	289		shale	741	744	sand/shale	969	1020
coal	289	290		lime	744	750	coal	1020	1021
sand	290	299		shale	750	752	sand/shale	1021	1049
lime	299	320		lime	752	758	coal	1049	1050
shale	320	339		blk shale	758	762	sand/shale	1050	1053
lime	339	413		shale	762	769	sand	1053	1073
blk shale	413	417		lime	769	772	oil sand	1073	1108
lime	417	425		shale	772	787	sand	1108	1121
sand	425	445		oswego lime	787	804	water sand	1121	1202
lime	445	462		summit	804	811	Mississippi	1202	1303
blk shale	462	471		lime	811	817			TD
lime	471	501		mulkey	817	820			
shale	501	597		oil sand	820	824			
lime	597	614		sand/shale	824	846			
shale	614	626		oil sand	846	858			

#265157



CONSOLIDATED
OF WELL SERVICES, LLC

TICKET NUMBER 45787
LOCATION Eureka, KS
FOREMAN David Gardner

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8878

FIELD TICKET & TREATMENT REPORT

CEMENT

API # 15-205-28243

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-13-13	2890	Banjegerdes #1-20	20	27	16E	Wilson
CUSTOMER <u>DOMESTIC ENERGY PARTNERS</u> <u>Cherokee Wells LLC</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>5201 Camp Bowie Blvd.</u>			445	Chris B.		
CITY <u>FT. Worth</u> STATE <u>TX</u> ZIP CODE <u>76107</u>			1011	Colby N.		

JOB TYPE 4/s 0 HOLE SIZE 6 3/4" HOLE DEPTH 1306' CASING SIZE & WEIGHT 4 1/2" 9.5"
 CASING DEPTH 1285' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8#/gal SLURRY VOL. 52 Bbl WATER gal/sk 9 CEMENT LEFT IN CASING 593' +/-
 DISPLACEMENT 11.25 Bbl DISPLACEMENT PSI _____ Rate Plug psi RATE _____

REMARKS: Safety Meeting. Rig up to 4 1/2" casing. Break circulation w/ 28 Bbl Fresh water
Mix. 100# Caustic Soda Pre-Flush w/ 12 Bbl Fresh water. 10 Bbl water spacer.
Mixed 150 sks Thickset Cement w/ 5" Kol-seal/sk, + 1/4" Phenoseal/sk. @ 13.8#/gal.
At the end of mixing cement pressure was @ 500 PSI. Shut down. Washout pump & liner. Released
Plug. Start Displacement @ 500 PSI. Pressure steadily raised. At 5 Bbl displaced pressure @
1500 PSI @ 1.5 BPM. At 8 Bbl displaced pressure @ 2000 PSI @ 1 BPM. At 10 Bbl displaced
pressure @ 2500 PSI @ .5 BPM. At 11.25 Bbl displaced it went up @ 3500 PSI and
split the side out of our head. Shut down. Took Head & manifold off + put swedge & valve
on. Pressured to 3000 PSI. Held pressure. Cement locked up. Hole Bridged off. Plug @ 692' +/-.
Cement in casing 593' +/-. 9.5 Bbl Cement slurry in casing. 42.5 Bbl cement slurry on back side. ^{Sub Complete} Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	50	MILEAGE	4.20	210.00 ✓
1126A	150 sks	Thickset Cement	20.16	3024.00 ✓
1110A	750#	Kol-seal @ 5"/sk	.46	345.00 ✓
1107A	38#	Phenoseal @ 1/4"/sk	1.35	51.30 ✓
5407A	8.25 Tons	Ton Mileage Bulk Truck	1.41	581.63 ✓
1103	100#	Caustic Soda (Pre-Flush)	1.69	169.00 ✓
4404	1	4 1/2" Top Rubber Plug	47.25	47.25 ✓
			Subtotal	5513.18
			+ Thank You	
			6.15 % SALES TAX	223.66 ✓
			ESTIMATED TOTAL	5736.84 ✓

AUTHORIZATION [Signature] TITLE _____ DATE _____

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