

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1  
September 1999  
Form Must Be Typed

**ORIGINAL**

Operator: License # 33344

Name: Quest Cherokee, LLC

Address: P O Box 100

City/State/Zip: Benedict, KS 66714

Purchaser: Bluestem Pipeline, LLC

Operator Contact Person: Douglas L. Lamb

Phone: (620) 698-2250

Contractor: Name: WELL REFINED DRILLING COMPANY

License: 33072

Wellsite Geologist: MARK BRECHEISEN

Designate Type of Completion:

New Well  Re-Entry  Workover

Oil  SWD  SIOW  Temp. Abd.

Gas  ENHR  SIGW

Dry  Other (Core, WSW, Expl., Cathodic, 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./SWD

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

Commingled Docket No. \_\_\_\_\_

Dual Completion Docket No. \_\_\_\_\_

Other (SWD or Enhr.?) Docket No. \_\_\_\_\_

<u>05-12-2004</u>	<u>05-13-2004</u>	<u>05-20-2004</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 133-26078-00-00

County: NEOSHO

S SE SW Sec. 8 Twp. 30 S. R. 18  East  West

510 feet from (S) / N (circle one) Line of Section

1980 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: NOVOTNY, ROBERT M. Well #: 8-3

Field Name: CHEROKEE BASIN CBM

Producing Formation: SUMMIT AND MULKY

Elevation: Ground: 1012 Kelly Bushing: \_\_\_\_\_

Total Depth: 1114' Plug Back Total Depth: 1110.17

Amount of Surface Pipe Set and Cemented at 21'6" Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from 1110.17

feet depth to SURFACE w/ 149 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 No.: \_\_\_\_\_

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

County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

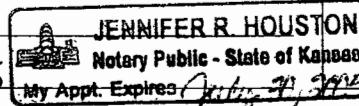
Signature: Douglas L. Lamb  
Title: Manager Date: 10/04/04

Subscribed and sworn to before me this 4th day of October, 2004.

2004.

Notary Public: Jennifer R. Houston

Date Commission Expires: July 30, 2005



**KCC Office Use ONLY**

Letter of Confidentiality Received

If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

ORIGINAL

Operator Name: Quest Cherokee, LLC

Lease Name: NOVOTNY, ROBERT M.

Well #: 8-3

Sec. 8 Twp. 30 S. R. 18  East  West

County: NEOSHO

**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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name Lenapah Lime	Top Datum +663'
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Altamont Lime	386' +626'
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pawnee Lime	524' +488'
List All E. Logs Run:		Oswego Lime	597' +415'
DUAL INDUCTION LOG COMP. DENSITY NEUTRON LOG GAMMA RAY/NEUTRON		Verdigris Lime	727' +285'
		Mississippi Lime	1061 1/2' -49 1/2'

CASING RECORD <input checked="" 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
Surface	12 1/4	8-5/8"	24.75#	21'6"	"A"	5	
Production	6 3/4	4-1/2"	10.5#	1110.17	"A"	149	

## ADDITIONAL CEMENTING / SQUEEZE RECORD

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

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
4	622.5-626			166 SX SAND	506 BBLS WATER	KCC	622.5-626
4	637.5-641.5					RECEIVED	637.5-641.5
						OCT 18 200	
						KCC WICHIT	
TUBING RECORD Size Set At Packer At				Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2 3/8 730							
Date of First, Resumed Production, SWD or Enhr. 07-09-04		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)					
Estimated Production Per 24 Hours		Oil Bbls.	Gas Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
			15.19	21			

Disposition of Gas

METHOD OF COMPLETION

Production Interval

Vented  Sold  Used on Lease  
(If vented, Submit ACO-18.)

Open Hole  Perf.  Dually Comp.  Commingled \_\_\_\_\_  
 Other (Specify) \_\_\_\_\_