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KANSAS CORPORATION COMMISSION

Form ACO-1

September 1999

MAY 30 2007 Form Must Be Typed

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONWELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE CONSERVATION DIVISION
WICHITA, KS

Operator: License # 33344
 Name: Quest Cherokee, LLC
 Address: 211 W. 14th Street
 City/State/Zip: Chanute, KS 66720
 Purchaser: Bluestem Pipeline, LLC
 Operator Contact Person: Jennifer R. Ammann
 Phone: (620) 431-9500
 Contractor: Name: TXD Services, LP
 License: 33837
 Wellsite Geologist: Ken Reco

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. _____

1/29/07 1/30/07 1/31/07
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 133-26781-00-06
 County: Neosho
S2 ne sw Sec. 27 Twp. 30 S. R. 19 ☒ East ☐ West
 1550 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: Diediker Living Trust Well #: 27-3

Field Name: Cherokee Basin CBMProducing Formation: multipleElevation: Ground: 910 Kelly Bushing: n/aTotal Depth: 925 Plug Back Total Depth: 911.79Amount of Surface Pipe Set and Cemented at 20 FeetMultiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 911.79
 feet depth to surface w/ 131 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: Jennifer R. Ammann
 Title: New Well Development Coordinator Date: 5/29/07

Subscribed and sworn to before me this 29th day of May,
 2007.

Notary Public: Debra KlawmanDate Commission Expires: 8-4-2010

KCC Office Use ONLY

☒ Letter of Confidentiality Received

☒ If Denied, Yes ☐ Date: _____

☒ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

TERRA KLAUMAN
 Notary Public - State of Kansas
 My Appt. Expires 8-4-2010

Operator Name: Quest Cherokee, LLC Lease Name: Diediker Living Trust Well #: 27-3
 Sec. 27 Twp. 30 S. R. 19 ☒ 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 ☐ Yes ☒ No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☐ Yes ☐ No
 (Submit Copy)

List All E. Logs Run:

Dual Induction Log
 Compensated Density Neutron Log
 Gamma Ray Neutron Log

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

Name Top Datum
 See attached

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
Surface	12-1/4	8-5/8"	20	20	"A"	5	
Production	6-3/4	4-1/2	10.5	911.79	"A"	131	

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				

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	829-831/814-816/797-799/781-783/774-776	300gal 15%HCLw/ 32 bbls 2%Kcl water, 480bbls water w/ 2% KCL, Biocide, 10100# 20/40 sand	829-831/814-816
		797-799	781-783/774-776
4	545-547/516-519/490-492	300gal 15%HCLw/ 32 bbls 2%Kcl water, 480bbls water w/ 2% KCL, Biocide, 8800# 20/40 sand	545-547/516-519
			490-492
4	400-404/385-389	300gal 15%HCLw/ 34 bbls 2%Kcl water, 490bbls water w/ 2% KCL, Biocide, 11500# 20/40 sand	400-404/385-389

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2-3/8"	853'	n/a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 2/26/07		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
	n/a	8.9mcf	58.9bbls		

Disposition of Gas ☐ Vented ☒ Sold ☐ Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION ☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled ☐ Other (Specify) _____

Production Interval _____