

Just

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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, Inc.
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. _____
3/3/04 3/4/04 3/15/04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 099-23431-0000
County: Labette
_____ c. _____ ne. _____ sw Sec. 24 Twp. 31 S. R. 18 ☒ East ☐ West
2075 feet from S / N (circle one) Line of Section
565 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Baker, Raymond Well #: 24-1
Field Name: Dennis
Producing Formation: Not yet complete
Elevation: Ground: 973' Kelly Bushing: _____
Total Depth: 1002' Plug Back Total Depth: 995'
Amount of Surface Pipe Set and Cemented at 21' 4" Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 995'
feet depth to Surface w/ 137 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: 07/12/04

Subscribed and sworn to before me this 12th day of July,
20 04.

Notary Public: Jennifer R. Houston

Date Commission Expires: July 30, 2005

KCC Office Use ONLY

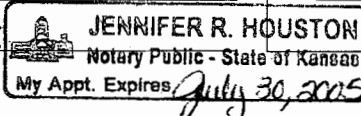
Letter of Confidentiality Received

If Denied, Yes ☐ Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution



ORIGINAL

Operator Name: Quest Cherokee, LLC Lease Name: Baker, Raymond Well #: 24-1
 Sec. 24 Twp. 31 S. R. 18 ☒ East ☐ West County: Labette

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:

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

| Name | Top | Datum |
|------------------|-----|-------|
| Lenapah Lime | 231 | +742 |
| Altamont Lime | 266 | +707 |
| Pawnee Lime | 404 | +569 |
| Oswego Lime | 484 | +489 |
| Verdigris Lime | 637 | +336 |
| Mississippi Lime | 974 | -1 |

| 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" | 24.75# | 21' 4" | "A" | 4sx | |
| Production | 6-3/4" | 4-1/2" | 10.5# | 995' | "A" | 137sx | |
| | | | | | | | |

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 |
|----------------|---|---|-------|
| None | Waiting on pipeline | | |
| | | | |
| | | | |
| | | | |
| | | | |

| TUBING RECORD | Size | Set At | Packer At | Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|---------|-------------|--|
| Date of First, Resumerd Production, SWD or Enhr. | Producing Method <input type="checkbox"/> Flowing <input 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 |

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) _____