

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

**ORIGINAL
 CONFIDENTIAL**

Form ACO-1
 September 1999
 Form Must Be Typed

**RELEASED
 FROM**

CONFIDENTIAL

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: Gary Laswell
 Phone: (620) 431-9500
 Contractor: Name: MOKAT Drilling
 License: 5831
 Wellsite Geologist: David Flemming

RECEIVED
 AUG 03 2006
 KANSAS CORPORATION COMMISSION
 CONSERVATION DIVISION
 WICHITA, KS

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW 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>12/5/01</u>	<u>12/6/01</u>	<u>12/11/01</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 133-25726 - 00-00
 County: Neosho
SW-NE-SE se Sec. 4 Twp. 29 S. R. 18 East West
800 feet from S N (circle one) Line of Section
600 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Hugo Spieker Well #: 4-1
 Field Name: Cherokee Basin CBM

Producing Formation: _____
 Elevation: Ground: 983 Kelly Bushing: n/a
 Total Depth: 1121 Plug Back Total Depth: 1112
 Amount of Surface Pipe Set and Cemented at 20 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 1119
 feet depth to Surface w/ 165 _____ sx cmt.
ALT II WSM 8-4-06

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: [Signature]
 Title: Head of Operations Date: 8/1/06
 Subscribed and sworn to before me this 1st day of August,
 2006.
 Notary Public: Jennifer R. Ammann
 Date Commission Expires: July 30, 2009

KCC Office Use ONLY

YES Letter of Confidentiality Received
 If Denied, Yes Date: _____
YES Wireline Log Received
NO Geologist Report Received
NO UIC Distribution

JENNIFER R. AMMANN
 Notary Public - State of Kansas
 My Appt. Expires 7-30-09

Operator Name: **Quest Cherokee, LLC** Lease Name: **Hugo Spieker** Well #: **4-1**
 Sec. **4** Twp. **29** 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 <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 <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum See attached
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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
Surface	12-1/4"	8-5/8"	20#	20	"A"	4	
Production	6-3/4"	5-1/2"	15.5#	1119	"A"	165	

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 <i>(Amount and Kind of Material Used)</i>	Depth
4	612-616/625-628/702-705/728-732/770-773/831-833/865-868	sand frac	612-616/625-628
			702-705/728-732
			770-773/831-833
			865-868

TUBING RECORD	Size 2-7/8"	Set At 1050	Packer At n/a	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		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. n/a	Gas Mcf 108.9mcf	Water Bbls. 77bbls	Gas-Oil Ratio Gravity

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

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify) _____