

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

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 33342
 Name: Blue Jay Operating, LLC
 Address: 4916 Camp Bowie Blvd., Suite 204
 City/State/Zip: Fort Worth, TX 76107
 Purchaser: Cherokee Basin Pipeline LLC
 Operator Contact Person: Jens Hansen
 Phone: (817) 546-0034
 Contractor: Name: Cherokee Wells, LLC
 License: 33539
 Wellsite Geologist: NA
 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>9/23/05</u>	<u>9/30/05</u>	<u>11/22/05</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

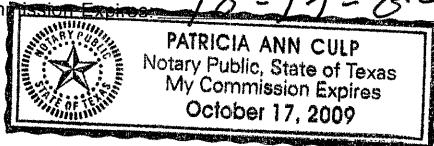
API No. 15 - 205-26127-0000
 County: Wilson
 W2 NW4 SE4 _____ Sec. 4 Twp. 29 S. R. 14 East West
1980' feet from S N (circle one) Line of Section
2310' feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Pekrul Well #: A-4
 Field Name: Cherokee Basin Coal Gas
 Producing Formation: See Perforating Record
 Elevation: Ground: 888' Kelly Bushing: _____
 Total Depth: 670' Plug Back Total Depth: 670'
 Amount of Surface Pipe Set and Cemented at 43' Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from bottom casing
 feet depth to surface 100 _____ sx cmt.
ACT II WITHIN 9-25-06

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: _____ Date: 3-30-06
 Subscribed and sworn to before me this 30 day of March
2006
 Notary Public: Patricia Ann Culp
 Date Commission Expires: 10-17-09



KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: 4/27/06
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
APR 26 2006
KCC WICHITA

Operator Name: Blue Jay Operating, LLC Lease Name: Pekrul Well #: A-4
 Sec. 4 Twp. 29 S. R. 14 East West County: Wilson

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 checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Driller's Log Enclosed
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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	11 1/4"	8 5/8"	26	43'	Portland	8	

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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	670'	60/40 Pozmix	100	See Attached

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
				Depth

TUBING RECORD		Size	Set At	Packer At	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 type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Specify) <i>bit shanked-plug</i>			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	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 Other (Specify) Plugged

Production Interval _____

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Charokee Wells, LLC

4916 Camp Bowie Blvd. Ste. 200 - Fort Worth, TX 76107

Contractor License # 33539

817-546-0034/ TX Office; 817-296-6541/Jens Hansen Cell; 817-624-1374/FAX

620-839-5581/ KS Office; 620-432-6170/Jeff Kephart Cell; 620-839-5582/FAX

Rig #:	CW			S 4	T29S	R 14E		
API #:	15-205-26127-0000			Location:	W2,NW4,SE4			
Operator:	Blue Jay Operating LLC			County:	Wilson			
	4916 Camp Bowie Suite 204			Gas Tests				
	Fort Worth, TX 76107							
Well #:	A-4	Lease Name:	Pekrul	Depth	Pounds	Orifice	flow - MCF	
Location:	1980	ft. from S	Line					
	2310	ft. from E	Line					
Spud Date:	9/23/2005							
Date Completed:	9/30/2005	TD:	670					
Geologist:								
Casing Record	Surface	Production						
Hole Size	11 1/4"	6 3/4"						
Casing Size	8 5/8"							
Weight	26#							
Setting Depth	43'			05LI-093005-CW-051-Pekrul A-4-BJO				
Cement Type	Portland							
Sacks	8							
Feet of Casing	43'							
Rig Time	Work Performed							
Well Log								
Top	Bottom	Formation	Top	Bottom	Formation	Top	Bottom	Formation
0	7	soil/clay	537	541	lime			
7	183	shale	541	548	shale			
183	187	lime	548	627	lime			
187	212	shale	550		inject water			
212	228	lime	627	670	shale			
228	290	shale	670		shanked bit			
290	302	lime	670		Total Depth			
302	323	sand						
		no show						
323	324	coal						
324	340	sand						
		no show						
340	347	lime						
347	374	shale						
374	488	lime						
488	537	shale						

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CONSOLIDATED OIL WELL SERVICES, INC.
P.O. BOX 884, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

TICKET NUMBER 07912
 LOCATION Eureka
 FOREMAN Tray Strickler

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
11-22-05	1299	McCull 4 A-4	4	29	14	Wilson																
CUSTOMER <i>Blue Jay Operating</i>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>463</td> <td>Allen</td> <td></td> <td></td> </tr> <tr> <td>479</td> <td>Rick</td> <td></td> <td></td> </tr> <tr> <td>480, 462</td> <td>Tom</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	463	Allen			479	Rick			480, 462	Tom		
TRUCK #	DRIVER	TRUCK #					DRIVER															
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479	Rick																					
480, 462	Tom																					
MAILING ADDRESS <i>4916 Camp Bowie Blvd. Ste 204</i>																						
CITY <i>Fort Worth, TX</i>	STATE <i>TX</i>	ZIP CODE <i>76107</i>																				
G. V. Field																						

JOB TYPE P.T. A. New HOLE SIZE 6 7/8" HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8" OTHER _____
 SLURRY WEIGHT 11" SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: 50' Plug set bottom - 10:30 AM. 600 lbs. Plug set 4:30 PM. 6:00 PM
400' in surface 7:15 PM
6sk Gel spacer between plugs

Job Complete Per client

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5105N	1	PUMP CHARGE	765.00	765.00
5106	7.5 H	MILEAGE	4	4
1131	100 sks	60/110 lbs	8.00	800.00
1134	7 sks	Gel 4%	6.73	47.11
1134	6 sks	Gel spacer	6.63	39.78
5107		Truck Mileage Unit 1 hour	210	210.00
5501C	2 hrs	Water transport	93.00/hr	186.00
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<u>Tray Strickler</u>				
			Sub Total	2097.89
			SALES TAX	55.35
			ESTIMATED TOTAL	2153.24

AUTHORIZATION Bob McNew

TITLE _____

DATE _____

