WICHITA, KS

## **WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Operator: License # 33539	API No. 15 - 205-26432-00-00				
Name: Cherokee Wells, LLC	County: Wilson				
Address: 4916 Camp Bowie Blvd., Suite 204	S2 _SW - NW - NE Sec. 9 Twp. 29 S. R. 14 F East West				
City/State/Zip: Fort Worth, TX 76107	1150 feet from S / (N) (circle one) Line of Section				
Purchaser: Southeastern Kansas Pipeline	2210				
Operator Contact Person: Rhonda Wilson	Footages Calculated from Nearest Outside Section Corner:				
Phone: (620 ) 378-3650					
Contractor: Name: Well Refined Drilling	(circle one) NE SE NW SW  Lease Name: C Ward 9 Well #: A-2  Field Name: Cherokee Basin Coal/Mississippian  Producing Formation: Mississippian				
License: 33072					
Wellsite Geologist: n/a					
·	Elevation: Ground: 852' Kelly Bushing: n/a				
Designate Type of Completion:					
New Well Re-Entry Workover SIOW Temp. Abd.	Total Depth: 1232' Plug Back Total Depth: 40				
Oii SWD Iemp. Abd	Amount of Surface Pipe Set and Cemented at 40 Feet				
	Multiple Stage Cementing Collar Used?   ☐ Yes ☑ No				
Dry Other (Core, WSW, Expl., Cathodic, etc)	If yes, show depth setFeet				
If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, cement circulated from Bottom Casing				
Operator:	feet depth to Surface w/ 25 sx cmt.				
Well Name:	Drilling Fluid Management Plan 4 TT W/Hm				
Original Comp. Date:Original Total Depth:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)  4-18-07				
Deepening Re-peri Conv. to Enhr./SWD	Chloride content ppm Fluid volume bbls				
Plug BackPlug Back Total Depth	Dewatering method used				
Commingled Docket No.	Location of fluid disposal if hauled offsite:				
Dual Completion Docket No	·				
Other (SWD or Enhr.?) Docket No	Operator Name:				
5/15/06 5/16/06 1/12/07	Lease Name: License No.:				
Spud Date or Date Reached TD Completion Date or Recompletion Date	Quarter Sec Twp S. R East West County: Docket No.:				
Kansas 67202, within 120 days of the spud date, recompletion, workon Information of side two of this form will be held confidential for a period of 107 for confidentiality in excess of 12 months). One copy of all wireline log TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged well					
herein are complete and correct to the best of my knowledge.	late the oil and gas industry have been fully complied with and the statements				
Signature: ///Wonda MINDUN	KCC Office Use ONLY				
Title: Office Manager Date: 3/8/07	Letter of Confidentiality Received				
Subscribed and sworn to before me this $8^{th}$ day of $_{-}$ March					
TRACY	MILLER				
Notary Public: Notary Public -					
Date Commission Expires: My Appt. Expires 2	/1/2010 MAR 1 5 2007				
-	CONSERVATION DIVISION				

Operator Name: Cherokee Wells, LLC				Lease Name		Well #: A-2			
ec9 Twp29	S. R. 14	✓ East	West	County: Wilso	on				
NSTRUCTIONS: Shested, time tool oper emperature, fluid red lectric Wireline Logs	n and closed, flowir overy, and flow rate	ng and shut-in po es if gas to surfa	ressures, wl ice test, alo	hether shut-in p ng with final ch	ressure reached	static level, hydro	static pressure	es, bottom hole	
Drill Stem Tests Taken (Attach Additional Sheets)  Samples Sent to Geological Survey  Cores Taken  □ Yes ✓ No □ Yes ✓ No □ Yes ✓ No □ Yes □ No □ Yes □ No □ Submit Copy)		<b>√</b> No		✓ Log Formation (Top), Depth			Sample		
		_ Yes ✓ No		Name			Тор		
				Drill	Drillers Log Enclosed				
ist All E. Logs Run:									
Electric Log E	nclosed								
		Report all s	CASING RE	-	New Used	ction, 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#	40'	Portland	25	Additives	
Long String	6 3/4"	4 1/2"	1	3.2#	1222'	Thick Set Cement	135		
		ADI	DITIONAL C	EMENTING / SC	UEEZE RECORI	<u> </u>			
Purpose:  Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement		#Sacks Used			ercent Additives		
Shots Per Foot	oot PERFORATION RECORD - Bridge Plugs Set/ Specify Footage of Each Interval Perforated				Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth				
	01	Set At		Packer At	Liner Run	Yes No			
TUBING RECORD	Size		-						
TUBING RECORD  Date of First, Resumerd		Enhr. Prod	lucing Method	l Flowin	ng Pumpi	ng Gas Lift	Other	' (Explain)	
			fucing Method	Flowin			Other	r <i>(Explain)</i> Gravity	

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