

CONFIDENTIAL

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

2/19/10

Operator: License # 33539
Name: Cherokee Wells, LLC
Address: P.O. Box 296
Fredonia, KS 66736
City/State/Zip: Southeastern Kansas Pipeline
Purchaser: Emily Lybarger
Operator Contact Person: (620) 378-3650
Phone: McPherson Drilling, LLC
Contractor: Name: 5675
License: N/A
Wellsite Geologist:

API No. 15 - 073-24076-0000
County: Greenwood
C SE SW Sec. 31 Twp. 26 S. R. 13 East West
660 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: Bills Well #: A-1
Field Name: Cherokee Basin Coal Gas Area

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

Producing Formation: N/A
Elevation: Ground: N/A Kelly Bushing: N/A
Total Depth: 1943' Plug Back Total Depth: N/A

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____

Amount of Surface Pipe Set and Cemented at 42 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1925'
feet depth to surface w/ 140 sx cmt.

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. _____

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.: _____

2/1/08 2/8/08
Spud Date or Date Reached TD Completion Date or Recompletion Date
Recompletion Date

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: Emily Lybarger
Title: Administrative Assistant Date: 2/18/08

Subscribed and sworn to before me this 18 day of February
2008.

Notary Public: Tracy Miller
Date Commission Expires: _____
TRACY MILLER
Notary Public - State of Kansas
My Appt. Expires 12/1/2010

KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution