

10/2/07

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

CONFIDENTIAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 33539
Name: Cherokee Wells, LLC
Address: P.O. Box 296
City/State/Zip: Fredonia, KS 66736
Purchaser: Southeastern Kansas Pipeline L.P.
Operator Contact Person: Tracy Miller
Phone: (620) 378-3650
Contractor: Name: Well Refined Drilling
License: 33072
Wellsite Geologist: N/A

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. _____
9/17/07 9/20/07 N/A
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 049-22468-00-00
County: Elk
SW NE SW Sec. 5 Twp. 29 S. R. 13 East West
1700 feet from S / N (circle one) Line of Section
1660 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Cross Well #: A-1
Field Name: Cherokee Basin Coal Gas Area

Producing Formation: N/A
Elevation: Ground: Unknown Kelly Bushing: N/A
Total Depth: 1707' Plug Back Total Depth: N/A
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 w/ 180 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: Shannan Shinkla
Title: Administrative Assistant Date: 10/1/07
Subscribed and sworn to before me this 1 day of October
20 07
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 **RECEIVED**
 Geologist Report Received **KANSAS CORPORATION COMMISSION**
 UIC Distribution
OCT 04 2007