

10/1/09

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

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KCC

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW 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. _____
7/6/07 7/11/07 N/A
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 205-27236-00-00
County: Wilson
E/2 NE SW Sec. 29 Twp. 27 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: Callarman Well #: A-1
Field Name: Cherokee Basin Coal Gas Area
Producing Formation: N/A
Elevation: Ground: 956.9' Kelly Bushing: N/A
Total Depth: 1430' Plug Back Total Depth: N/A
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 bottom casing
feet depth to surface w/ 155 sx crmt.

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: Shanna Shille
Title: Administrative Assistant Date: 10/2/07
Subscribed and sworn to before me this 2 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
Y Letter of Confidentiality Received
✓ If Denied, Yes Date: _____
Wireline Log Received
Geologist Report Received
UIC Distribution
RECEIVED
KANSAS CORPORATION COMMISSION
OCT 04 2007