

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**AMENDED**

Form ACO-1  
September 1999  
Form Must Be Typed

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

Operator: License # 33342  
 Name: Blue Jay Operating, LLC  
 Address: 4916 Camp Bowie Blvd., Suite 204  
Fort Worth, TX 76107  
 Purchaser: Cherokee Basin Pipeline LLC  
 Operator Contact Person: Shannan Shinkle  
 Phone: (620) 378-3650  
 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. \_\_\_\_\_  

4/7/06	4/8/06	4/27/06
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 205-26461-0000  
 County: Wilson  
 C NW NW Sec. 28 Twp. 28 S. R. 14  East  West  
655' feet from S / (N) (circle one) Line of Section  
660' feet from E / (W) (circle one) Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 (circle one) NE SE (NW) SW  
 Lease Name: Oneal Well #: A-10B  
 Field Name: Cherokee Basin Coal Gas Area  
 Producing Formation: See Perforating Record  
 Elevation: Ground: 988' Kelly Bushing: NA  
 Total Depth: 1377' Plug Back Total Depth: \_\_\_\_\_  
 Amount of Surface Pipe Set and Cemented at 40.4' 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/ 140 sx cmt.

**Drilling Fluid Management Plan** *ACT II W/M 8-27-07*  
 (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 Shinkle  
 Title: Administrative Assistant Date: 8/10/07  
 Subscribed and sworn to before me this 10 day of August  
2007.  
 Notary Public: Nancy Miller  
 Date Commission Expires: 12/1/2010

**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

**RECEIVED**  
 KANSAS CORPORATION COMMISSION  
**AUG 14 2007**

Operator Name: Blue Jay Operating, LLC Lease Name: Oneal Well #: A-10B  
 Sec. 28 Twp. 28 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:  <b>Electric Log Enclosed</b>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name _____ Top _____ Datum _____ Driller 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	11.25"	8 5/8"	26	40'	Portland	8	
Production	6.75"	4 1/2"	13.4	1367'	Thick Set	140	See Attached

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 type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

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

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input 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 type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	RECEIVED KANSAS CORPORATION COMMISSION <b>AUG 14 2007</b> CONSERVATION DIVISION WICHITA, KS

UNCONSOLIDATED OIL WELL SERVICES, INC.  
 P.O. BOX 884, CHANUTE, KS 66720  
 785-431-9210 OR 800-467-8676

*Yanked*

TICKET NUMBER 18634  
 LOCATION EUREKA  
 FOREMAN Kevin McCoy

TREATMENT REPORT & FIELD TICKET  
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-10-06	3070	ONEAL A-10 B	28	285	14E	Wilson
CUSTOMER <u>Gateway Titan</u>		South River Resources	TRUCK #	DRIVER	TRUCK #	DRIVER
BILLING ADDRESS <u>P.O. Box 960</u>			445	Rick L.		
CITY <u>Meeker</u>			479	CALIN		
STATE <u>OK</u>	ZIP CODE <u>74855</u>		437	Justin		

B TYPE Longstring HOLE SIZE 6 3/4 HOLE DEPTH 1377' CASING SIZE & WEIGHT 4 1/2 10.5# new  
 SING. DEPTH 1367' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 JOBSY WEIGHT 13.4" SLURRY VOL 42 BBL WATER gal/sk 8.0 CEMENT LEFT in CASING 0'  
 PLACEMENT 21.7 BBL DISPLACEMENT PSI 700 MAX PSI 1200 Bump Plug RATE \_\_\_\_\_

MARKS: Safety Meeting: Rig up wash Head to 4 1/2 casing. Break Circulation w/ 15 BBL Fresh water. Pump 4 SKS Gel Flush while washing down 5' casing. Pump 10 BBL Fresh water spacer. Rig up to Cement. Pump 13 BBL Dye water. Mixed 140 SKS Thick Set Cement w/ 5# KOL-SEAL per/sk @ 13.4" per/gal, yield 1.69. wash out Pump & Lines. shut down. Release Plug. Displace w/ 21.7 BBL Fresh water. Final Pumping Pressure 700 PSI. Bump Plug to 1200 PSI. wait 2 minutes. Release Pressure. Float Held. Shut casing in @ 0 PSI. Good Cement Returns to Surface = 8 BBL Slurry. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
401	1	PUMP CHARGE	800.00	800.00
406	40	MILEAGE	3.15	126.00
126 A	140 SKS	Thick Set Cement	14.65	2051.00
110 A	700 #	KOL-SEAL 5# per/sk	.36 #	252.00
118 A	200 #	Gel Flush	.14 #	28.00
407	7.7 TONS	Ton Mileage Bulk Truck	<del>35</del> 35	275.00
502 C	4 HRS	80 BBL VAC TRUCK	90.00	360.00
123	3000 GALS	City water	12.80 <sup>per 1000</sup>	38.40
1404	1	4 1/2 Top Rubber Plug	40.00	40.00
1129	1	4 1/2 Centralizer	29.00	29.00
161	1	4 1/2 AFU Float Stopper	146.00	146.00
			<b>RECEIVED</b> KANSAS CORPORATION COMMISSION AUG 14 2007	
			CONSERVATION DIVISION WICHITA, KS 6.5%	
			Sub Total	4145.40
			SALES TAX	162.82
			ESTIMATED TOTAL	4308.22

OPERATION Day 2 water TITLE 46001 DATE \_\_\_\_\_

Thank You

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

# ORIGINAL WELL COMPLETION FORM

## WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1  
September 1999  
Form Must Be Typed

Operator: License # 33342  
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 City/State/Zip: Fort Worth, TX 76107  
 Purchaser: Southeastern Kansas Pipeline Co., LLC  
 Operator Contact Person: Rhonda Wilson  
 Phone: (620) 378-3650  
 Contractor: Name: Cherokee Wells LLC  
 License: 33539  
 Wellsite Geologist: N/A  
 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. \_\_\_\_\_  
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 Other (SWD or Enhr.?)    Docket No. \_\_\_\_\_  

<u>4/7/06</u>	<u>4/8/06</u>	<u>4/27/06</u>
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API No. 15 - 205-26461-00-00  
 County: Wilson  
 C NW NW Sec. 28 Twp. 28 S. R. 14  East  West  
600 655 feet from S /  (N) (circle one) Line of Section  
660 feet from  (E) /  (W) (circle one) Line of Section  
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 (circle one) NE SE NW SW  
 Lease Name: O Neal Well #: A-10B  
 Field Name: Cherokee Basin Coal Gas  
 Producing Formation: See Perforating Record  
 Elevation: Ground: 988 Kelly Bushing: N/A  
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 If yes, show depth set \_\_\_\_\_ Feet  
 If Alternate II completion, cement circulated from bottom casing  
 feet depth to surface w/ 140 sx cmt.

**Drilling Fluid Management Plan** *ALT II WH*  
*B-27-07*  
 (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  
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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: *Nancy Miller*  
 Title: Administrative Assistant Date: 11/9/06  
 Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
 20\_\_\_\_\_.  
 Notary Public: \_\_\_\_\_  
 Date Commission Expires: \_\_\_\_\_

**KCC Office Use ONLY**

Letter of Confidentiality Received

If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received **RECEIVED**

UIC Distribution **KANSAS CORPORATION COMMISSION**

**NOV 14 2006**

CONSERVATION DIVISION  
WICHITA, KS

Operator Name: Blue Jay Operating, LLC Lease Name: O Neal Well #: A-10B  
 Sec. 28 Twp. 28 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.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <i>(Attach Additional Sheets)</i></p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <i>(Submit Copy)</i></p> <p>List All E. Logs Run:</p> <p><b>Electric Log Enclosed</b></p>	<p><input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample</p> <p>Name Top Datum</p> <p>Driller Log Enclosed</p>
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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
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Long String	6.75"	4 1/2"	13.4	1367	Thick Set Cement	140	See Attached

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ Plug Off Zone				

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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr.	Producing Method
	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval
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**RECEIVED**  
**KANSAS CORPORATION COMMISSION**  
**NOV 14 2006**  
 CONSERVATION DIVISION  
 WICHITA, KS