

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

ORIGINAL September 1999 Form Must Be Typed

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

11/06/00

WEEL HIS TOTAL DESCRIP	THOMOT WELL A ELASE
Operator:         License # 33539           Name:         Cherokee Wells, LLC           Address:         P.O. Box 296           City/State/Zip:         Fredonia, KS 66736           Purchaser:         Southeastern Kansas Pipeline           Operator Contact Person:         Emily Lybarger           Phone:         (620 )           378-3650         KCC           Gontractor:         Name:           Well Refined Drilling         MCC           License:         33072           Wellsite Geologist:         N/A           Designate Type of Completion:         Workover           — Oil         SWD         SIOW         Temp. Abd.           — Y         Gas         ENHR         SIGW           — Dry         Other (Core, WSW, Expl., Cathodic, etc)         Other (Core, WSW, Expl., Cathodic, etc)           If Workover/Re-entry:         Old Well Info as follows:           Operator:         Well Name:         Original Total Depth:           — Deepening         Re-perf.         Conv. to Entr./SWD           — Plug Back         Plug Back Total Depth           — Commingled         Docket No.           — Dual Completion         Docket No.           — Dual Completion         Docket No.	API No. 15 - 205-27546-0000  County: Wilson  SE_SE_SE_Sec. 36 Twp. 29 S. R. 13
Kansas 67202, within 120 days of the spud date, recompletion, workove information of side two of this form will be held confidential for a period of 1.	the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, er or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. 2 months if requested in writing and submitted with the form (see rule 82-3-and geologist well report shall be attached with this form. ALL CEMENTING
All requirements of the statutes, rules and regulations promulgated to regular herein are complete and correct to the best of my knowledge.  Signature:  Title: Administrative Assistant  Date: 11/5/08  Subscribed and sworn to before me this	LIC Geologist Report Received ANSAS CORPORATION COMMISS UIC Distribution NOV 1 0 2008
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