

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 33539
Name: Cherokee Wells LLC
Address: 4916 Camp Bowie Blvd. Suite 204
City/State/Zip: Fort Worth, TX 76107
Purchaser: Southeastern Kansas Pipeline
Operator Contact Person: Rhonda Wilson
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 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. _____

<u>3/1/07</u>	<u>3/2/07</u>	<u>4/25/07</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 205-27091-00-00
County: Wilson
C NW4 NE4 Sec. 22 Twp. 28 S. R. 15 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: Row Well #: A-11
Field Name: Cherokee Basin Coal Gas

Producing Formation: Mississippian
Elevation: Ground: 907.8 Kelly Bushing: n/a
Total Depth: 1332' Plug Back Total Depth: 1314'
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/ 30 sx cmt.

Drilling Fluid Management Plan *Act II APR 3/21/08*
(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.: _____

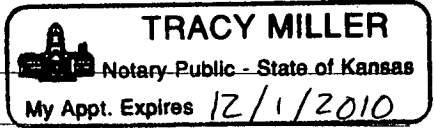
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: Rhonda Wilson
Title: Office Manager Date: 5/3/07

Subscribed and sworn to before me this 3 day of May
20 07

Notary Public: Tracy Miller
Date Commission Expires: _____



KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION
MAY 09 2007

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Cherokee Wells LLC Lease Name: Row Well #: A-11
 Sec. 22 Twp. 28 S. R. 15 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: Electric Log Enclosed	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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	12 1/4'	8 5/8'	26#	42'	Portland	30	
Long String	6 3/4"	4 1/2"	13.4#	1321'	Thick Set Cement	140	

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
				Depth

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 Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

RECEIVED
 KANSAS CORPORATION COMMISSION
 MAY 09 2007
 CONSERVATION DIVISION
 WICHITA, KS

CONSOLIDATED OIL WELL SERV. *LLS*
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-457-8676

TICKET NUMBER 16944
 LOCATION EUROPA
 FOREMAN RICK LEDEMP

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-3-07	3070	Bou-A-11				Wilson
CUSTOMER Gateway Titan			TRUCK #			
MAILING ADDRESS P.O. Box 960			DRIVER			
CITY MEEGER			TRUCK #			
STATE OK			DRIVER			
ZIP CODE 74855						

JOB TYPE Logging HOLE SIZE 6 3/4" HOLE DEPTH 1930' CASING SIZE & WEIGHT 4 1/2" 10.5#
 CASING DEPTH 1821' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.4* SLURRY VOL 42 Bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 21 Bbl DISPLACEMENT PSI 600 ~~900~~ PSI 1100 RATE _____

REMARKS: Safety meeting- Rig up to 4 1/2" casing. Break circulation w/ 25 Bbl fresh water. Pump 4 sks gel-flush, 20 Bbl fresh water spacer, 12 Bbl dye water. Mixed 140 sks thickset cement w/ 5# Kal-seal @ 18.4# per ton. Washout pump + lines. shut down, release plug. Displace w/ 21 Bbl fresh water. Final pump pressure 600 PSIG. Pump plug to 1100 PSIG. wait 2 mins. release pressure, float hold. Good cement returns to surface = 8 Bbl slurry to pit. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	840.00	840.00
5406	40	MILEAGE	3.30	132.00
1126A	140 sks	thickset cement	15.40	2156.00
1110A	700 #	Kal-seal 5# @ 18.4/sk	.38	266.00
1118A	200 #	gel-flush	.15	30.00
5407	2.7	ten-mileage back to	m/c	285.00
4404	1	4 1/2" top rubber plug	40.00	40.00
4129	1	4 1/2" contractor	36.00	36.00
4156	1	4 1/2" flopper valve float shoe	208.00	208.00
			Subtotal	3773.00
			SALES TAX 6.3%	178.57
			ESTIMATED TOTAL	4165.37

AUTHORIZATION called by M. J. J.

TITLE _____

DATE _____

212191