

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 33342
Name: Blue Jay Operating, 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: 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. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. _____

<u>8/3/06</u>	<u>8/4/06</u>	<u>11/19/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-205-26822-00-00
County: Wilson
S2 N2 - SE4 _____ Sec. 8 Twp. 28 S. R. 15 East West
1650 feet from (S) / N (circle one) Line of Section
1320 feet from (E) / W (circle one) Line of Section

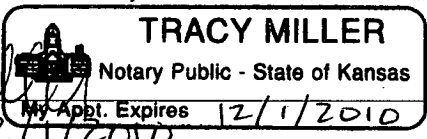
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: J Sewart Well #: A-14
Field Name: Cherokee Basin Coal Gas
Producing Formation: Mississippian
Elevation: Ground: 826 Kelly Bushing: n/a
Total Depth: 1281 Plug Back Total Depth: n/a
Amount of Surface Pipe Set and Cemented at 35 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/ 135 _____ sx cmt.

Drilling Fluid Management Plan Alt II HGR 3/20/08
(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: 12/14/06
Subscribed and sworn to before me this 14 day of December,
20 06.
Notary Public: Tracy Miller
Date Commission Expires: 12/1/2010



KCC Office Use ONLY

N Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
DEC 18 2006
KCC WICHITA

Operator Name: Blue Jay Operating, LLC Lease Name: J Siewart Well #: A-14
 Sec. 8 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: Log Enclosed	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum 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#	35	Portland	30	
Long String	6.75	4 1/2	10.5#	135	Thick Set Cement	135	

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 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
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
DEC 18 2015
KCC WICHITA

CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 10471
 LOCATION Eureka
 FOREMAN Troy Strickler

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-5-06	3070	J. Stewart A-14	8	28	15	Wilson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Gateway Titan			445	Justin		
MAILING ADDRESS			502	Cliff		
P.O. Box 960			437	Ed		
CITY	STATE	ZIP CODE				
Meeker	OK	74855				

JOB TYPE Logging HOLE SIZE 6 3/4" HOLE DEPTH 1280 CASING SIZE & WEIGHT 4 1/2" 10.5"
 CASING DEPTH 1272 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 135skt SLURRY VOL _____ WATER gal/sk 80 CEMENT LEFT in CASING 0'
 DISPLACEMENT 20.6bbl DISPLACEMENT PSI 700 MIX PSI 1200 Bag/Plg RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2" casing. Break Circulation w/ 20Bbl water. Pump 4skt Gel, 10Bbl Dry water. Mixed 135skt Thick Set Cement w/ 5" Kal-Seal @ 13.2" perf. Wash out Pump & line. Release Plug. Displace w/ 20.6Bbl water. Final Pump Pressure 700 PSI. Pump Plug to 1200 RSC wait 2mins. Release Pressure. Float Held. Good Cement to Surface = 88bbl slurry topid.
Job Complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	800.00	800.00
5406	40	MILEAGE	3.15	126.00
1126A	135skt	Thick Set Cement	14.65	1977.75
1110A	675"	Kal-Seal 5" Perf	1.36"	243.00
1118A	200"	Gel-Flush	.14"	28.00
5407	7.42 Ton	Ton-Mileage Bulk Truck	m/c	275.00
5502C	4hrs	80Bbl Vac. Truck	90.00	360.00
1123	3000gal	City Water	12.80	38.40
4404	1	4 1/2" Top Rubber Plug	40.00	40.00
4129	1	4 1/2" Centralizer	36.00	36.00
4156	1	4 1/2" Flopper Type Float Shoe	208.00	208.00
<u>Thank You.</u>			Sub Total	4132.15
			SALES TAX	161.98
			ESTIMATED TOTAL	4294.13

AUTHORIZATION [Signature] TITLE _____ DATE _____