

CONFIDENTIAL

ORIGINAL

9/25/10

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

Form ACO-1
October 2008
Form Must Be Typed

AMENDED

OPERATOR: License # 33539

Name: Cherokee Wells, LLC

Address 1: P.O. Box 296

Address 2: _____

City: Fredonia State: KS Zip: 66736 + _____

Contact Person: Emily Lybarger

Phone: (620) 378-3650

CONTRACTOR: License # 5675

Name: McPherson Drilling

Wellsite Geologist: N/A

Purchaser: Southeastern Kansas Pipeline

Designate Type of Completion:

New Well _____ Re-Entry _____ Workover _____

_____ Oil _____ SWD _____ SIOW

Gas _____ ENHR _____ SIGW

_____ CM (Coal Bed Methane) _____ Temp. Abd.

_____ 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. _____ Conv. to SWD

_____ Plug Back: _____ Plug Back Total Depth

_____ Commingled _____ Docket No.: _____

_____ Dual Completion _____ Docket No.: _____

_____ Other (SWD or Enhr.?) _____ Docket No.: _____

87/08 8/12/08 10/15/08

Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date

API No. 15 - 205-27407-0000

Spot Description: _____

C S2 NW SW Sec. 19 Twp. 27 S. R. 15 East West

1700 Feet from North / South Line of Section

660 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Wilson

Lease Name: Thomas (12) Well #: A-5

Field Name: Cherokee Basin Coal Gas Area

Producing Formation: Unknown

Elevation: Ground: 849' Kelly Bushing: N/A

Total Depth: 1355' Plug Back Total Depth: 1340'

Amount of Surface Pipe Set and Cemented at: 41' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: surface

feet depth to: bottom casing w/ 145 sx cmt.

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: Shannon Skulle

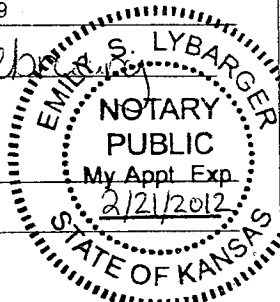
Title: Administrative Assistant Date: 2/26/09

Subscribed and sworn to before me this 26 day of February

20 09.

Notary Public: Emily Lybarger

Date Commission Expires: 2/21/2012



KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION

MAR 30 2009

CONSERVATION DIVISION
WICHITA, KS