

CONFIDENTIAL

ORIGINAL

9/26/10

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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.)

API No. 15 - 205-27639-0000
 Spot Description: _____
 NW SE _____ Sec. 13 Twp. 27 S. R. 14 East West
1980 Feet from North / South Line of Section
1980 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Wilson
 Lease Name: Thomas, R. Well #: A-7
 Field Name: Cherokee Basin Coal Gas Area
 Producing Formation: Unknown
 Elevation: Ground: 977' Kelly Bushing: N/A
 Total Depth: 1430' Plug Back Total Depth: 1414'
 Amount of Surface Pipe Set and Cemented at: 40' 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/ 155 sx cmt.

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.: _____

<u>9/12/08</u>	<u>9/16/08</u>	<u>10/30/08</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

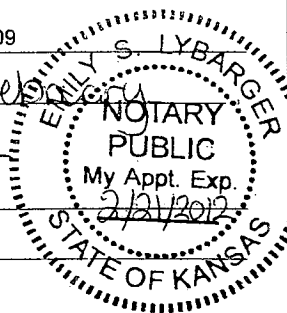
Drilling Fluid Management Plan

(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: Sharon Shuler
 Title: Administrative Assistant Date: 2/27/09
 Subscribed and sworn to before me this 27 day of February
09
 Notary Public: Emily Lybarger
 Date Commission Expires: 2/27/2012



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