CONFIDENTIAL

ORIGINAL 10/29/10

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.)

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.:

10/10/08	10/14/08	2/13/09
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 205-27613-0000
Spot Description:
NW - NE - SE - NE Sec. 28 Twp. 27 S. R. 15 ☑ East ☐ West
1585 Feet from ☑ North / ☐ South Line of Section
350 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☑ NE ☐ NW ☐ SE ☐ SW
County: Wilson
Lease Name: Burnt Hills Ranch Well #: P-9
Field Name: Cherokee Basin Coal Gas Area
Producing Formation: Unknown
Elevation: Ground: 877' Kelly Bushing: N/A
Total Depth: 1280' Plug Back Total Depth: 1269'
Amount of Surface Pipe Set and Cemented at: 21' 8" 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/ 135 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: Shannan Shidler
Title: Administrative Assistant Date: 2/19/09
Subscribed and sworn to before me this 19 day of February, 20 09.
Notary Public: Emily Lybarger
Date Commission Expires: 2/21/2012

EMILY S. LYBARGER NOTARY PUBLIC My Appt. Exp. 2/21/2012 STATE OF KANSAS

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