

~~CONFIDENTIAL~~

6/05/0

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

ORIGINAL
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: 1033 Fillmore
City: Fredonia State: KS Zip: 66736 +
Contact Person: Emily Lybarger
Phone: (620) 378-3650
CONTRACTOR: License # 33072
Name: Well Refined Drilling
Wellsite Geologist: N/A
Purchaser: Southeastern Kansas Pipeline

API No. 15 - 205-27457-0000
Spot Description: C-NE-SE-SE
C NE SE SE Sec. 32 Twp. 28 S. R. 15 East West
990 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

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: _____

County: Wilson
Lease Name: Cline Well #: A-2
Field Name: Cherokee Basin Coal Gas Area
Producing Formation: Unknown
Elevation: Ground: N/A Kelly Bushing: N/A
Total Depth: 1180' Plug Back Total Depth: 1162'
Amount of Surface Pipe Set and Cemented at: 20' 2" 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.

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.: _____
5/22/08 5/27/08 9/11/08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

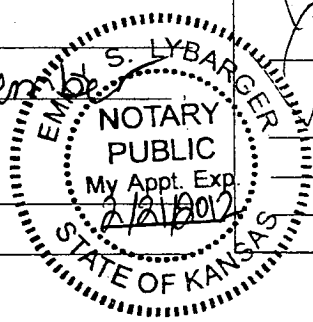
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ 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: [Signature]
Title: Administrative Assistant Date: 12/19/08

Subscribed and sworn to before me this 19 day of December
2008
Notary Public: [Signature]
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
KANSAS CORPORATION COMMISSION

JAN 23 2009
RECEIVED