

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33342
Name: Blue Jay Operating LLC
Address: 4916 Camp Bowie Blvd., Suite 204
City/State/Zip: Fort Worth, TX 76107
Purchaser: Cherokee Basin Pipeline LLC
Operator Contact Person: Jens Hansen
Phone: (817) 546-0034
Contractor: Name: Cherokee Wells, LLC
License: 33539
Wellsite Geologist: NA

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW 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. _____

1/19/06 1/20/06 1/20/06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-205-26244-0000
County: Wilson
W2 NW - NW - Sec. 5 Twp. 28 S. R. 15 East West
660 feet from S N (circle one) Line of Section
330 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Clairborne Living Trust Well #: A-1
Field Name: Cherokee Basin Coal Gas

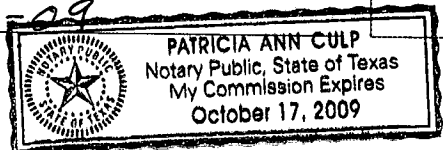
Producing Formation: _____
Elevation: Ground: 845' Kelly Bushing: _____
Total Depth: 1332' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 40' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from bottom casing
feet depth to surface w/ 140 sx cmt.
Art II NH 6-408

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: _____ Date: 3-30-06
Subscribed and sworn to before me this 30 day of March
2006
Notary Public: Patricia Ann Culp
Date Commission Expires: 10-17-09



KCC Office Use ONLY

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

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Operator Name: Blue Jay Operating LLC Lease Name: Clairborne Living Trust Well #: A-1
 Sec. 5 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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

Driller's Log Enclosed

High Resolution Compensated Density/Neutron Log; Dual Induction Log

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 1/4"	8 5/8"	26#	40'	Class A	25	See Attached
Long String	6 3/4"	4 1/2"	10.5	1322'	Thick Set Cement	140	See Attached

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 checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		Producing Method			
		<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <i>SIGW - waiting on pipeline</i>			
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-19.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) *SIGW - waiting on pipeline*

Production Interval

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Cherokee Wells, LLC

4916 Camp Bowie Blvd. Ste. 200 - Fort Worth, TX 76107
 Contractor License # 33539
 817-546-0034/ TX Office; 817-296-6541/Jens Hansen Cell; 817-624-1374/FAX
 620-839-5581/ KS Office; 620-432-6170/Jeff Kephart Cell; 620-839-5582/FAX

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Rig #:	CW	Lic: 33342
API #:	15-205-26244-00-00	
Operator:	Blue Jay Operating LLC	
	4916 Camp Bowie Suite 204	
	Fort Worth, TX 76107	

S 5	T 28S	R 15E
Location:		W2, NW4, NW4
County:		Wilson

				Gas Tests			
Well #:	A-1	Lease Name:	Clairborne Living Trust	Depth	Pounds	Orifice	flow - MCF
Location:	660	ft. from N	Line	553	No Flow		
	330	ft. from W	Line	753	No Flow		
Spud Date:	1/19/2006			865	10	3/4"	259
Date Completed:	1/20/2006	TD:	1332	880	15	3/4"	331
Driller:	Jeff Thompson			905	Gas Check Same		
Casing Record	Surface	Production		1080	13	3/4"	303
Hole Size	11 1/4"		6 3/4"	1130	Gas Check Same		
Casing Size	8 5/8"			1230	Gas Check Same		
Weight	26#						
Setting Depth	40'						
Cement Type	Portland						
Sacks	Service Company						
Feet of Casing	40'						
Rig Time	Work Performed						

Well Log

Top	Bottom	Formation	Top	Bottom	Formation	Top	Bottom	Formation
0	14	Overburden	465	497	shale	781	785	shale
14	19	Gravel	497	505	lime	785	808	Pink lime
19	69	lime	505	516	shale	808	840	shale
69	151	shale	516	527	lime	840	855	Oswego- lime
151	180	lime	527	581	lime	855	863	Summit
180	274	shale	581	647	shale	863	870	lime
274	301	sand	647	655	lime	870	877	Mulky
		No Show	655	674	shale	874	875	coal
301	302	coal	674	682	lime	877	882	lime
302	339	sand/ shale	682	693	shale	882	886	shale
339	345	lime	693	696	lime	886	908	sand
345	361	shale	696	722	shale			Little Odor
361	457	lime	722	747	sand	908	917	shale
457	461	shale			No Show	917	938	sand
461	465	Lime	747	780	sand/ shale			NoShow
450		Inject Water	780	781	coal	938	956	sand/ shale

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

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MAR 27 2006

TREATMENT REPORT & FIELD TICKET

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TICKET NUMBER 08172
 LOCATION Fureks
 FOREMAN Troy Strickler

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-19-06	1294	Clairborne Living Trust A-1				Wilson
CUSTOMER Blue Jay Operating			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 4916 Camp Bowie Blvd. Ste. 204			463 Alan			
CITY STATE ZIP CODE Ftworth Tx			442 Steve			

JOB TYPE Surface HOLE SIZE 11 HOLE DEPTH 41' CASING SIZE & WEIGHT 8 7/8"
 CASING DEPTH 10 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5" SLURRY VOL 6 BH WATER gal/sk 6.5" CEMENT LEFT in CASING 10'
 DISPLACEMENT 2 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting. Rig. up to 8 7/8" casing. Break Circulation mixed 25 sks
Regular Cement. Displace Cement w/ 2 Bbl water. Shut casing in.
Cement had 3% Coaly, 2% Gel + 1/4" Florete. Packed Cement to Surface.

Job Complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	620.00	620.00
5406	⊕ in area	MILEAGE	3.15	⊕
1101	25 sks	Class "A" Cement	10.25	256.25
1102	705 #	Coaly 3%	.64	451.2
1118A	1 sks	Gel 2%	7.00	7.00
1107	1/4 sks	Florete 1/4" P/sk	44.90	11.23
5407		Ton - Mileage	m/c	275.00
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		Thank You!	Sub Total	1214.60
			6.33 SALES TAX	20.13
			ESTIMATED TOTAL	1234.73

AUTHORIZATION Bob McNew TITLE _____ DATE _____

KCC

8176

CONSOLIDATED OIL WELL SERVICES, INC.

MAR 27 2006

TICKET NUMBER

P.O. BOX 884, CHANUTE, KS 66720

LOCATION Eureka

620-431-9210 OR 800-467-8676

CONFIDENTIALFOREMAN Troy Strickler

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
1-21-06	1294	Clairborne Living Trust #A-1	5	2SS	15E	Wilson																				
CUSTOMER <u>Blue Jay Operations</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>445</td> <td>Rick</td> <td></td> <td></td> </tr> <tr> <td>489</td> <td>Justin</td> <td></td> <td></td> </tr> <tr> <td>436</td> <td>Larry</td> <td></td> <td></td> </tr> <tr> <td>452/763</td> <td>Kevin</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	445	Rick			489	Justin			436	Larry			452/763	Kevin		
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445	Rick																									
489	Justin																									
436	Larry																									
452/763	Kevin																									
MAILING ADDRESS <u>4916 Camp Bowie Blvd. Ste. 204</u>																										
CITY <u>Ft Worth</u>	STATE <u>Tx</u>	ZIP CODE <u>76107</u>																								
CITY																										

JOB TYPE Logstems HOLE SIZE 6 3/4" HOLE DEPTH 1332' CASING SIZE & WEIGHT 4 1/2" 10.5"
 CASING DEPTH 1322' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13" SLURRY VOL 42 Bbl WATER gal/sk 5" CEMENT LEFT in CASING 0'
 DISPLACEMENT 21 Bbl DISPLACEMENT PSI 500 PSI ~~MAX~~ PSI 1000 PSI Bump Plus RATE _____

REMARKS: Safety Meeting. Rig up to 4 1/2" casing. Best circulation w/ 25 Bbl Pump 10 Bbl Gel Flush. Mix 140 sks Thickset Cement w/ 5" Kel-Seal Pakk @ 13 1/4" in/hel. Wash out Pump + lines shut down. Released Plug. Displaced w/ 21 Bbl Fresh Water. Final Pump Pressure 500 PSI Bump Plug 1000 PSI wait 2 mins. Released Pressure. Float Held. Good Cement. Returns to surface = 5 Bbl Slurry to P.1

Job Complete Rig down

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	140 sks	Thickset Cement	13.65	1911.00
1110A	14 sks	Kel-Seal 5" P/SK	17.75	248.50
1118A	4 sks	Gel-Flush	7.00	28.00
4404	1	4 1/2" Top Rubber Plug	40.00	40.00
5501C	3 hrs	Transport (Water)	98.00	294.00
5502C	3 hrs	80 Bbl Vac Truck	90.00	270.00
1123	8000 gal	City water	12.50%	102.40
4156	1	Float shoe 4 1/2"	129.00	129.00
4129	2	Centralizers	29.00	58.00
			Sub Total	4006.90
			SALES TAX 1.3%	158.56
			ESTIMATED TOTAL	4165.46

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AUTHORIZATION Bob McNew TITLE _____ DATE _____