

CONFIDENTIAL

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

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

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 SIOW 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. _____

1/13/06 1/18/06 1-18-06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-205-26231-0000
County: Wilson
NE SW SE SE Sec. 19 Twp. 27 S. R. 14 East West
562 feet from (S) N (circle one) Line of Section
882 feet from (E) W (circle one) Line of Section

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

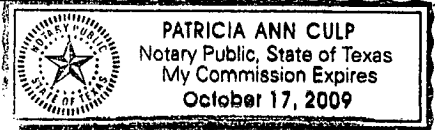
Producing Formation: _____
Elevation: Ground: 928' Kelly Bushing: _____
Total Depth: 1462' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 43' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from bottom casing
feet depth to surface w/ 150 sx cmt.
Alt II NH 6-4-08

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: 3-30-08
Subscribed and sworn to before me this 30 day of March
20 08.
Notary Public: Patricia Ann Culp
Date Commission Expires: 10-17-09



KCC
KCC Office Use ONLY
Y Letter of Confidentiality Received
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution
MAR 27 2008
CONFIDENTIAL
RECEIVED
APR 14 2008
KCC WICHITA

MAR 27 2006

Operator Name: Blue Jay Operating LLC

Lease Name: D Clairborne **CONFIDENTIAL** Well#: A-1

Sec. 19 Twp. 27 S. R. 14 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:

High Resolution Compensated Density/Neutron Log; Dual Induction Log

Log Formation (Top), Depth and Datum Sample

Name Top Datum

Driller's Log Enclosed

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#	43'	Portland	8	
Long String	6 3/4"	4 1/2"	10.5	1424'	Thick Set Cement	150	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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(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, Resumerd 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)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

SIGW - waiting on pipeline

Disposition of Gas **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, Submit ACO-1B.) Other (Specify) SIGW - waiting on pipeline

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 APR 14 2006
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Charlotte 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

KCC
MAR 27 2006
CONFIDENTIAL

Rig #:	CW		Lic: 33342		S 19	T 27S	R 14E	
API #:	15-205-26231-00-00							
Operator:	Blue Jay Operating LLC							
	4916 Camp Bowie Suite 204							
	Fort Worth, TX 76107							
Well #:	A-1	Lease Name:	D. Clairborne		Gas Tests			
Location:	562	ft. from S	Line		Depth	Pounds	Orifice	flow - MCF
	882	ft. from E	Line		678		No Flow	
Spud Date:	1/13/2006				728		No Flow	
Date Completed:	1/18/2006		TD:	1462	980		No Flow	
Driller:	Jeff Thompson, Montee Scott				1040	2	1/4	12.7
Casing Record	Surface	Production		1055	1 1/2	1/4	11.02	
Hole Size	11"	6 3/4"		1230	1/2	1/4	4.48	
Casing Size	8 5/8"			1355	No Flow			
Weight	26#							
Setting Depth	43'							
Cement Type	Portland							
Sacks	8							
Feet of Casing	43'7"							
Geologist:	Mike Ebers							
Date	Notations							
Jan. 16, 2006	start @ 8:30 stop @ 1160'							
Jan. 18, 2006	TD well 1462'							
Well Log								
Top	Bottom	Formation	Top	Bottom	Formation	Top	Bottom	Formation
0	3	Overburden	453	500	lime	855	872	shale
3	6	shale	500	526	shale	872	892	lime
6	13	lime	526	529	sand	892	895	shale
13	23	shale			no show	895	957	sandy shale
23	30	lime	529	571	shale	957	965	lime
30	277	shale	571	673	lime	965	967	Mulberry coal
277	283	lime	673	676	shale	967	969	shale
283	286	shale	676	681	lime	969	989	Pink lime
286	289	lime	681	695	shale	989	994	shale
289	329	shale	695	702	lime	994	1012	sandy shale
328		inject water	702	705	shale			no show
329	354	sand	705	723	lime	1012	1017	shale
		no show	723	728	shale	1017	1033	Oswego lime
354	363	shale	728	768	lime	1033	1039	Sumit
363	376	lime	768	852	shale	1039	1043	lime
376	453	shale	852	855	lime	1043	1052	Mulky 1' coal

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KCC WICHITA

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

KCC

MAR 27 2006

TICKET NUMBER 08171
 LOCATION Eureka
 FOREMAN Tray Strickler

CONFIDENTIAL
TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
1-19-06	1294	D. Clayborne # A-1	19	27S	14E	Wilson																
CUSTOMER Blue Jay Operating			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>463</td> <td>Alan</td> <td></td> <td></td> </tr> <tr> <td>440</td> <td>Calin</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	463	Alan			440	Calin						
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463	Alan																					
440	Calin																					
MAILING ADDRESS 4916 Camp Bowie Blvd STE 204																						
CITY STATE ZIP CODE F. Smith TX 76107																						

JOB TYPE Logging HOLE SIZE 6 3/4" HOLE DEPTH 1462' CASING SIZE & WEIGHT 4 1/2" 10.5"
 CASING DEPTH 1424' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 134" SLURRY VOL 45 Bbl WATER gal/sk 8" CEMENT LEFT in CASING 0'
 DISPLACEMENT 22.6 Bbl DISPLACEMENT PSI 700 PSI MIX PSI 1200 Pump Plug RATE _____

REMARKS: Safety Meeting. Rig up to 4 1/2" casing. Break Circulation w/ 25 Bbl pump 20 Bbl
 Gel Flush. Mixed 150 sks Thick Set Cement w/ 4" KCl Seal to 1344" depth. Wash
 out Pump + lines shut down. Released Plug. Displaced w/ 22.6 Bbl water.
 Local Pump Pressure 700 PSI Bump Plug to 1200 PSI. Wait 2 mins. Released
 pressure. Plug held. Good cement to surface. 7 Bbl slurry to Bit.
 Job Complete.

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	150 sks	ThickSet Cement	13.65	2047.50
1110A	15 sks	KCl Seal 5 1/2" 12/sk	17.75	266.25
1118A	4 sks	Gel Flush	7.00	28.00
5407	8.25 Tons	Ton Mileage Bulk Truck	n/c	275.00
4404	1	4 1/2" Top Rubber Plug	40.00	40.00
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Thank You				
			Sub Total	3582.75
			SALES TAX 6.3%	150.00
			ESTIMATED TOTAL	3732.80

AUTHORIZATION Bob McNew TITLE _____ DATE _____