

**CONFIDENTIAL**

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**ORIGINAL**

12/18/10  
Form ACO-1  
October 2008  
Form Must Be Typed

**WELL COMPLETION FORM**  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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 # 33072

Name: Well Refined 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.: \_\_\_\_\_

11/19/08

11/21/08

Spud Date or  
Recompletion Date

Date Reached TD

Completion Date or  
Recompletion Date

API No. 15 - 205-27495-0000

Spot Description: C-S2-NE-NW

C S2 NE NW Sec. 6 Twp. 30 S. R. 14  East  West

990 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: Maxwell Well #: A-14

Field Name: Cherokee Basin Coal Gas Area

Producing Formation: Unknown

Elevation: Ground: N/A Kelly Bushing: N/A

Total Depth: 1455' Plug Back Total Depth: N/A

Amount of Surface Pipe Set and Cemented at: 42' 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/ 160 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: Shaman Shinkle

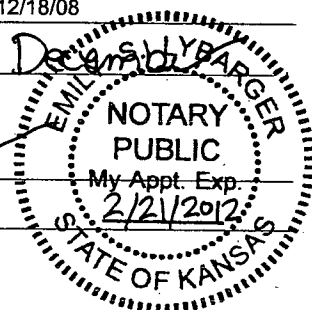
Title: Administrative Assistant Date: 12/18/08

Subscribed and sworn to before me this 18 day of December

2008

Notary Public: Emily Lybarger

Date Commission Expires: 2/24/2012



**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