

CONFIDENTIAL

Handwritten initials

**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**

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 **CONFIDENTIAL**
 CONTRACTOR: License # 33072 **FEB 12 2009**
 Name: Well Refined Drilling **KCO**
 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.)

API No. 15 - 205-27703-0000
 Spot Description: _____
 E2 NE NE Sec. 11 Twp. 28 S. R. 14 East West
660 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
 County: Wilson
 Lease Name: H. Donohue Well #: A-4
 Field Name: Cherokee Basin Coal Gas Area
 Producing Formation: Unknown
 Elevation: Ground: 902 Kelly Bushing: N/A
 Total Depth: 1280' Plug Back Total Depth: N/A
 Amount of Surface Pipe Set and Cemented at: 43' 4" 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.

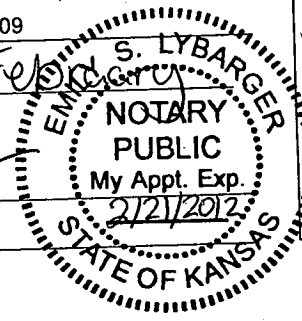
Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content: _____ ppm Fluid volume: _____ bbls
 Dewatering method used: _____
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

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.: _____
1/12/09 1/22/09
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

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: Emily Lybarger
 Title: Administrative Assistant Date: 2/12/09
 Subscribed and sworn to before me this 12 day of February
 2009
 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

RECEIVED
KANSAS CORPORATION COMMISS
FEB 16 2009
CONSERVATION DIVISION
WICHITA, KS