ISAS CORPORATION COMM

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form Must Be Typed

MAY 18 2009

Notary Public: JVVV

Date Commission Expires:

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33539	API No. 15 - 205-27712-00-BECEIVED
Name: Cherokee Wells, LLC	Spot Description:
Address 1: P.O. Box 296	N2 SE NE Sec. 22 Twp. 27 S. R. 15 V East West
Address 2:	1874 Feet from North / South Line of Section
City: Fredonia State: KS Zip: 66736 +	330 Feet from East / West Line of Section
Contact Person: Tracy Miller	
Phone: (620) 378-3650	Footages Calculated from Nearest Outside Section Corner:
CONTRACTOR: License # 33072	✓ NE NW SE SW County: Wilson
Name: Well Refined Drilling Co., ICONFIDENTIAL	Lease Name: Clinesmith Well #: A-1
Wellsite Geologist: MAY 0 4 2009	Field Name: CBCGA
Purchaser: SEK Pipeline	Producing Formation: N/A
Designate Type of Completion: KCC	Elevation: Ground: 864 est. Kelly Bushing:
New Well Re-Entry Workover	
	Total Depth: 1169' Plug Back Total Depth: 21'4"
Oil SWD SIOW SiGW	Amount of Surface Pipe Set and Cemented at: 21'4" Fee:
Temp. Abd.	Multiple Stage Cementing Collar Used? ☐ Yes ☑ No
Dry Other	If yes, show depth set:Feet
(Core. WSW, Expl., Cathodic, etc.)	If Alternate II completion, cement circulated from: 1140
If Workover/Re-entry: Old Well Info as follows:	feet depth to: surface w/ 125 sx cmt
Operator:	Drilling Fluid Management Plan
Well Name:	(Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content: ppm Fluid volume: bbls
Deepening Re-perf Conv. to Enhr Conv. to SWD	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Docket No.:	
Dual Completion	Operator Name:
Other (SWD or Enhr.?) Docket No.:	Lease Name: License No.:
3/18/09 3/20/09	Quarter Sec. Twp. S. R. East Wes
Spud Date or Date Reached TD Completion Date or Recompletion Date	County: Docket No.:
Kansas 67202, within 120 days of the spud date, recompletion, workover or c of side two of this form will be held confidential for a period of 12 months if rec	
are complete and correctito the best of my knowledge.	ure on and gas moustry have been fully complied with and the statements herein
Signature: Skann Struck	KCC Office Use ONLY
Title: Administrative Assistant Date: 5/4/09	Letter of Confidentiality Received
Subscribed and sworn to before me this 4 day of May	If Denied, Yes Date:
\mathcal{M}	Wireline Log Received
TRACY MILL	

State of Kansas

My Appt. Expires

UIC Distribution