

**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 # 33539
Name: Cherokee Wells, LLC
Address: 4916 Camp Bowie Blvd., Suite 204
City/State/Zip: Fort Worth, TX 76107
Purchaser: Southeastern Kansas Pipeline
Operator Contact Person: Rhonda Wilson
Phone: (620) 378-3650
Contractor: Name: Well Refined Drilling
License: 33072
Wellsite Geologist: n/a

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. _____

10/10/06	10/11/06	12/26/06
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 205-26813-00-00
County: Wilson
E2 SE4 NE4 Sec. 29 Twp. 28 S. R. 15 East West
1980 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: V Douglas Well #: A-2
Field Name: Cherokee Basin Coal Gas
Producing Formation: Mississippian
Elevation: Ground: unknown Kelly Bushing: n/a
Total Depth: 1280 Plug Back Total Depth: n/a
Amount of Surface Pipe Set and Cemented at 32.5 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from bottom casing 1272
feet depth to surface w/ 135 _____ sx cmt.
Alt 2 - Dlg - 9/30/08

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: _____ **RECEIVED**
KANSAS CORPORATION COMMISSION
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. APR 24 2007 East West
County: _____ **CONSERVATION DIVISION**
WICHITA, KS

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: Rhonda Wilson
Title: Office Manager Date: 4/19/07

Subscribed and sworn to before me this 19 day of April,
2007.

Notary Public: Tracy Miller
Date Commission Expires: _____
TRACY MILLER
Notary Public - State of Kansas
My Appt. Expires 12/1/2010

KCC Office Use ONLY
N Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Cherokee Wells, LLC Lease Name: V Douglas Well #: A-4
 Sec. 29 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Electric Log Enclosed	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Drillers Log Enclosed
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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#	32.5	Portland	30	
Long String	6 3/4"	4 1/2"	13.2#	1272	Thick Set Cement	135	

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 <i>(Amount and Kind of Material Used)</i>	Depth
		RECEIVED KANSAS CORPORATION COMMISSION APR 24 2007 CONSERVATION DIVISION WICHITA, KS	

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input 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 type="checkbox"/> Other (Explain)		
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-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled _____

Production Interval Other (Specify) _____

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

TI ET NUMBER 10879
 LOCATION Euicks
 FOREMAN Troy Strickler

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-12-06	3070	V. Douglas A 2				Wagon

CUSTOMER
Galena Tiler
 MAILING ADDRESS
P.O. Box 960
 CITY
Marler STATE
OK ZIP CODE
74855

TRUCK #	DRIVER	TRUCK #	DRIVER
446	Cliff		
439	Kyle		

JOB TYPE Logging HOLE SIZE 6 7/8" HOLE DEPTH 1250' CASING SIZE & WEIGHT 4 1/2" 10.6" x 9.5"
 CASING DEPTH 1272' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13 7/8" SLURRY VOL _____ WATER gal/sk 8" CEMENT LEFT in CASING 0'
 DISPLACEMENT 20.30 PSI DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2" casing. Pump circulation w/ 250 gal water
Pump uses Gel-Flush 100 gal water 100 gal Drilcol, 110 gal 135 lbs Thick Set
Cement w/ 5" Gel Seal Pack Gel 13 7/8" 100 gal wash out Pump 4 times
Release Plug. Displace w/ 200 gal water. Trial Pump Pressure 400 PSI
Pump Plug to 1100 PSI. Release Pressure that did not hold Pump Plug
again shut casing in w/ 500 PSI Gel Cement to surface = 8 RBH
Slurry to pit. Job completed

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	800.00	800.00
5406	110	MILEAGE	2.15	126.60
1126A	135 sks	Thick Set Cement	14.65	1977.75
1110A	675 #	Ret-Seal 5" 13 7/8"	36#	24300
1118A	200 #	Gel-Flush	.14#	28.00
5407		Tow. Mileage Bulk Truck	1.10	275.00
1404	1	4 1/2" Top Rubber Plug	40.00	40.00
	1	4 1/2" Carthage	36.00	36.00
		4 1/2" API 1000 shear	245.00	245.00
		Thank You!	546.16	3773.75
		SALES TAX		162.08
		ESTIMATED TOTAL		3935.83

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 KANSAS CORPORATION COMMISSION
 MAR 19 2008
 CONSERVATION DIVISION
 WICHITA, KS

AUTHORIZATION [Signature] TITLE _____ DATE _____