

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

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

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. _____

<u>10/5/06</u>	<u>10/9/06</u>	<u>1/29/07</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 205-26760-00-00
County: Wilson
SW⁴ NE NW Sec. 5 Twp. 29 S. R. 14 East West
990 feet from S / N (circle one) Line of Section
2310 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Wadel Well #: A-3
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 43' 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 - Dig - 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**
Lease Name: _____ **KANSAS CORPORATION COMMISSION**
Quarter _____ Sec. APR 24 2007 East West
County: _____ Docket No.: _____
**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,
20 07.

Notary Public: Tracy Miller
Date Commission Expires: _____

TRACY MILLER
Notary Public - State of Kansas
My Appt. Expires 12/1/2010

KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Cherokee Wells, LLC Lease Name: Wadel Well #: A-3
 Sec. 5 Twp. 29 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 <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#	43'	Portland	8	
Long String	6 3/4"	4 1/2"	13.4#	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 (Amount and Kind of Material Used)	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 Other (Specify) _____

Production Interval _____

CONSOLIDATED OIL WELL SERVICE, INC.

TICKET NUMBER 10873

P.O. BOX 884, CHANUTE, KS 66720

LOCATION Eureka

820-431-9210 OR 800-467-8676

FOREMAN Troy Strickler

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-10-06	3070	Wadel A-3	5	29S	14E	Wilson
CUSTOMER Gateway Titan			TRUCK #			
MAILING ADDRESS P.O. Box 960			DRIVER		TRUCK #	
CITY Meeker			DRIVER		TRUCK #	
STATE OK			DRIVER		TRUCK #	
ZIP CODE 74855			DRIVER		TRUCK #	

JOB TYPE Longstring HOLE SIZE 6 3/4" HOLE DEPTH 1280' CASING SIZE & WEIGHT 4 1/2" 9.5"
CASING DEPTH 1272' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 13.4" SLURRY VOL 40.68bl WATER gal/gh 8" CEMENT LEFT IN CASING 0'
DISPLACEMENT 20.68bl DISPLACEMENT PSI 600 MIX PSI 1100 Amp Ph RATE _____

REMARKS: Safety Merdy: Rig up to 4 1/2" casing. Break Circulation w/ 250bl water.
Wash down 8' casing. Pump 4sk Gel - Flush, 300bl water, 100bl Dye water.
Mixed 135sk Thick Set Cement w/ 5" Kal-Seal @ 13.4" w/ gel. Wash
out Pump + line. Release Plug. Displace w/ 20.68bl water. Final Pump
Pressure 600PSI. Bump Plug to 1100 PSI wait 2min. Release Pressure.
Float Held. Good Cement to surface - 80bl slurry to pit.
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	135sk	Thick Set Cement	14.65	1977.75
1110A	675"	Kal-Seal 5" w/ gel	.36"	243.00
1118A	200"	Gel-Flush	.14"	28.00
5407		Ton-mileage Bulk Truck	m/c	275.00
4404	1	4 1/2" Top Rubber Plug	40.00	40.00
4129	1	4 1/2" Centralizer	36.00	36.00
4156	1	4 1/2" APU Float shoe	248.00	248.00
			Sub Total	3793.75
			SALES TAX	162.08
			ESTIMATED TOTAL	3955.83

RECEIVED
KANSAS CORPORATION COMMISSION
MAR 19 2008

Thank You!

CONSERVATION DIVISION
WICHITA, KS

AUTHORIZATION Mary Foster

TITLE _____

DATE _____