

**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>3/1/07</u>	<u>3/2/07</u>	<u>4/17/07</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 205-27061-00-00
 County: Wilson
S2 SE NE SW Sec. 21 Twp. 28 S. R. 15 East West
2310 feet from S N (circle one) Line of Section
660 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Row Row # A-9
 Field Name: Cherokee Basin Coal Gas
 Producing Formation: Mississippian
 Elevation: Ground: 887 Kelly Bushing: n/a
 Total Depth: 1330' Plug Back Total Depth: 1318'
 Amount of Surface Pipe Set and Cemented at 42'4" Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from bottom casing 1321
 feet depth to surface w/ 60-140 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: _____
 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: Rhonda Wilson
 Title: Office Manager Date: 5/3/07
 Subscribed and sworn to before me this 3 day of May,
 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

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

RECEIVED
 KANSAS CORPORATION COMMISSION
 MAY 09 2007

CONSERVATION DIVISION
 WICHITA, KS

Operator Name: Cherokee Wells LLC Lease Name: Row Well #: A-9
 Sec. 21 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 type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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	12 1/4'	8 5/8'	26#	42'4"	Portland	30	
Long String	6 3/4"	4 1/2"	13.4#	1321'	Thick Set Cement	140	

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

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 <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval _____
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RECEIVED
 KANSAS CORPORATION COMMISSION
MAY 09 2007
 CONSERVATION DIVISION
 WICHITA, KS

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

TICKET NUMBER 16945
 LOCATION Evans
 FOREMAN RICK LEONARD

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-3-07	3070	Raw A-9				Wilson
CUSTOMER Gateway Titan			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 960			463	Kyle		
CITY MEEKER			502	Shannon		
STATE OK						
ZIP CODE 74855						

JOB TYPE longstring HOLE SIZE 6 3/4" HOLE DEPTH 1330' CASING SIZE & WEIGHT 4 1/2" 10.5#
 CASING DEPTH 1321 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.9# SLURRY VOL 42 Bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 21 Bbl DISPLACEMENT PSI 600 PSI 1100 RATE _____

REMARKS: Safety meeting Rig up to 4 1/2" casing. Begin circulation w/ 25 Bbl
Fresh water. Pump 4 sks gel-flush, 20 Bbl fresh water spacer, 12 Bbl dye
water. Mixed 140 sks thixot cement w/ 5# Katsol @ 13.9# per.
Washout pump + lines. Shut down, release plug. Replace w/ 21 Bbl fresh water.
Final pump pressure 600 PSI. Pump plug to 1100 PSI, wait 2 mins release
pressure, float held. Good cement returns to surface = 7 Bbl slurry to pit.
Job complete. Rig down

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	840.00	840.00
5406	1	MILEAGE 2nd well	1	1
1126A	140 sks	thixot cement	15.40	2156.00
1110A	200#	Katsol 5# @ 13.9#	.38	206.00
1118A	200#	gel-flush	.15	30.00
5407	7.7	ton-mileage bulk tire	m/c	285.00
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" flange valve float shoe	208.00	208.00
			Subtotal	3861.00
			6.3% SALES TAX	172.87
			ESTIMATED TOTAL	4033.87

212192

AUTHORIZATION Called by MZNE

TITLE _____

DATE _____