

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM

Form ACO-1
September 1999
Form Must Be Typed

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License #	API No. 15 - 205-27020-00-00
Name: Cherokee Wells, LLC	County: Wilson
Address: 4916 Camp Bowie Blvd., Suite 204	SE _NW _ SW _ Sec. 7 Twp. 28 S. R. 15 East West
City/State/Zip: Fort Worth, TX 76107	1442 feet from (S) N (circle one) Line of Section
Purchaser: Southeastern Kansas Pipeline	1215 feet from E / (W) circle one) Line of Section
Operator Contact Person: Rhonda Wilson	Footages Calculated from Nearest Outside Section Corner:
Phone: (<u>620</u>) <u>378-3650</u>	(circle one) NE SE NW (SW)
Contractor: Name: Well Refined Drilling	Lease Name: Ambrose Well #: A-1
License: 33072	Field Name: Cherokee Basin Coal
Wellsite Geologist: n/a	Producing Formation: Mississippian
Designate Type of Completion:	Elevation: Ground: 860.59 Kelly Bushing: n/a
New Well Re-Entry Workover	Total Depth: 1255 Plug Back Total Depth: 1246
Oil SWD SIOWTemp. Abd.	Amount of Surface Pipe Set and Cemented at 42 Feet
Gas ENHR SIGW	Multiple Stage Cementing Collar Used? ☐ Yes ☑ No
Dry Other (Core, WSW, Expl., Cathodic, etc)	If yes, show depth setFeet
If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, cement circulated from bettom casing 1239
Operator:	feet depth to surface w/ 35 sx cmt.
Well Name:	AH2 - Dig - 9 30 08
Original Comp. Date: Original Total Depth:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Deepening Re-perf Conv. to Enhr./SWD	Chloride contentppm Fluid volumebbls
Plug Back Plug Back Total Depth	Devictoring method wood
Commingled Docket No.	RECEIVED Location of fluid disposed RECEIVED Location of fluid disposed RECEIVED
Dual Completion Docket No	
Other (SWD or Enhr.?) Docket No	Operator Name: MAY 0 2 2007
11/20/06 11/22/06 12/27/06	Lease Name: License No.: CONSERVATION DRIVERS
Spud Date or Recompletion Date Date Reached TD Recompletion Date Recompletion Date	CONSERVATION DIVISION
INSTRUCTIONS: An original and two copies of this form shall be filed with Kansas 67202, within 120 days of the spud date, recompletion, workove Information of side two of this form will be held confidential for a period of 12 107 for confidentiality in excess of 12 months). One copy of all wireline logs of TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells.	r or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. 2 months if requested in writing and submitted with the form (see rule 82-3-and geologist well report shall be attached with this form. ALL CEMENTING
All requirements of the statutes, rules and regulations promulgated to regular herein are complete and correct to the best of my knowledge.	te the oil and gas industry have been fully complied with and the statements
Signature: Manda Wisun	KCC Office Use ONLY
Title: Office Manager Date: 4/27/07	Letter of Confidentiality Received
Subscribed and sworn to before me this 27 day of April	If Denied, Yes Date:
• •	Wireline Log Received
20 DT. AAAA. M. A. TRACY MIL	LER Geologist Report Received
Notary Public: Notary Public - State of	of Kansas UIC Distribution
Date Commission Expires: My Appt. Expires 12/1/2	

Operation Name: Cherokee Wells, LLC			Lea	Lease Name: Ambrose			Well #; A-1			
Sec. 7 Twp. 28	S. R. <u>15</u>	✓ East	West		nty: Wilson					
NSTRUCTIONS: Sho ested, time tool open emperature, fluid reco lectric Wireline Logs	and closed, flowin very, and flow rate	g and shut- es if gas to s	in pressures, surface test, a	whether along with	shut-in pre	ssure reached	static level, hydro	static pressure	es, bottom hole	
Drill Stem Tests Taken ☐ Yes ✓ No (Attach Additional Sheets)			s √ No			og Formatio	on (Top), Depth a	nd Datum	Datum Sample	
amples Sent to Geole	ogical Survey	Yes V No		Nam		ne		Тор	Datum	
ores Taken lectric Log Run (Submit Copy)		☐ Ye ✔ Ye								
st All E. Logs Run:										
Electric Log Er	nclosed									
		Poport	CASING		_	_	ion ata			
Purpose of String	Size Hole Drilled	Size	Casing (In O.D.)	weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percen Additives	
Surface	12 1/4"	8 5/8*		26#		42'	Portland	35		
ong String	6 3/4"	4 1/2"		13.4#		1239	Thick Set Cement	135		
Purpose:	Depth	ADDITIONAL Type of Cement		#Sacks Used		UEEZE RECORD Type and Percent Additives				
Perforate Protect Casing Plug Back TD	Top Bottom	7,				RECEIVED KANSAS CORPORATION COMM			MIRCIAL	
Plug Off Zone								' () 2 2007		
	PERFORATI	ION RECORT) - Bridge Pluc	s Set/Tvr	ne l	Acid Frac				
Shots Per Foot PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Perf				-	(Arr	nount and Kind of his	NELSALOR DIVISION Depth			
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						ŀ				
UBING RECORD	Size	Set At		Packer	r At	Liner Run	Yes No			
ate of First, Resumerd I	Production, SWD or E	Enhr.	Producing Met	hod	Flowing	Pumpin	g Gas Lift	Othe	r (Explain)	
stimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	r Bt	ols. Ga	as-Oil Ratio	Gravity	
isposition of Gas	METHOD OF (COMPLETION	1			Production Interv	/al			

CONSOLIDATED OIL WELL SERVICE P.O. BOX §84, CHANUTE, KS 66720 6263451-9210 OR 800-467-8676

TICKET NUM	16536	
LOCATION_	Eurera	
FOREMAN_	Tray Str	12 Kler

TREATMENT REPORT & FIELD TICKET

				CEMEN	1			
DATE	CUSTOMER#	WEI	LL NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNT
11-22. Os	3300	Ambio	se A-1					Wilson
CUSTOMER								
MAILING ADDRESS				_	TRUCK#	DRIVER	TRUCK#	DRIVER
			1. 1. 1. m		1116	Cliff		
CITY	x 960	STATE	ZIP CODE	4				
Marker	,	Ol	ZIP CODE					
JOB TYPE Lor	ess torre		671		1000	0.0000000000000000000000000000000000000		
CASING DEPTH		DRILL PIPE	<u> </u>	_ TUBING	CASING SIZE & V			
SLURRY WEIGH		SLURRY VOL	140.1.861	WATER gal/si	. ×	CEMENT LEFT in	OTHER	·
DISPLACEMENT		_	IT PSI 7		a Hoppiles	RATE	CASING <u>.</u>	
REMARKS:						Cirulalia		: /.
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ACCOUNT CODE	QUANTITY	or UNITS	DE	SCRIPTION of	SERVICES or PRO	ODUCT	UNIT PRICE	TOTAL
5401	~4 · . /-		PUMP CHARG	E	*		800.00	8000
5406	10		MILEAGE	· · · · · · · · · · · · · · · · · · ·			5' 15	12600
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					- KNISAS COR	POLA.		
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		The Management			W.	AR 1 9 ZUUU MSERVATION DIVISION MICHITA, KS	Mar grotter in the	
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AUTHORIZATION

Thank

ESTIMATED TOTAL

SALES TAX

Sub Total.

DATE

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