

**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. _____

<u>5/22/06</u>	<u>5/31/06</u>	<u>3/16/07</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 205-26473-00-00
 County: Wilson
S2 - S2 - - - - Sec. 5 Twp. 28 S. R. 15 East West
660 feet from (S) N (circle one) Line of Section
2540 feet from E (W) (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW (SW)
 Lease Name: J Pierpoint Well #: A-5
 Field Name: Cherokee Basin Coal Gas
 Producing Formation: Mississippian
 Elevation: Ground: unknown Kelly Bushing: n/a
 Total Depth: 1331 Plug Back Total Depth: n/a
 Amount of Surface Pipe Set and Cemented at 44 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from bottom casing 1322
 feet depth to surface w/ 140 _____ sx cmt.
Alt 2 - Dis - 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: KANSAS CORPORATION COMMISSION
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. 28 S. R. _____ East West
 County: _____ Docket No.: _____
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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

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

Operator Name: Cherokee Wells, LLC Lease Name: J Pierpoint Well #: A-5
 Sec. 5 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#	44'	Portland	45	
Long String	6 3/4"	4 1/2"	13.2#	1322	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
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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 SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 10054
 LOCATION EUREKA
 FOREMAN RICK LEASER / TRAY STUBBS

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-1-06	3070	J. Pierpont A-5	5	28	15E	Wilson
CUSTOMER GATEWAY Titan			TRUCK #			
MAILING ADDRESS P.O. Box 960			DRIVER		TRUCK #	
CITY MEEVER			DRIVER		TRUCK #	
STATE OK			DRIVER		TRUCK #	
ZIP CODE 74855			DRIVER		TRUCK #	
			DRIVER		TRUCK #	
			DRIVER		TRUCK #	

JOB TYPE Logging HOLE SIZE 6 3/4 HOLE DEPTH 1331 CASING SIZE & WEIGHT 4 1/2" 10.5"
 CASING DEPTH 1332 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.2# SLURRY VOL 42 bbl WATER gal/sk 8.0 CEMENT LEFT IN CASING _____
 DISPLACEMENT 21 bbl DISPLACEMENT PSI 800 PSI 1300 Bump Plug RATE _____

REMARKS: SAFETY MEETING: Rig up to 4 1/2" casing. Break circulation w/ 25 bbl fresh water. Pump 4 sks gel flush, 10 bbl water spacer, 11 bbl dye water mixed 140 sks thickset cement w/ 5" kal-seal #62/sk @ 13.2# #62/sk. Wash out pump & lines. Release plug. Displace w/ 21 bbl. Final pump pressure 800 PSI. Bump plug to 300 PSI. Wait 2 minutes. Release pressure. Fiber held. Good cement returns to surface = 7 bbl slurry to pit.

Job Complete Rig Down

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
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1126A	140 sks	Thickset cement	14.65	2051.00
1110A	700#	Kal-seal 5" #62/sk	.36	252.00
		CONSERVATION DIVISION WICHITA, KS		
1118A	200#	Gel-Flush	.14	28.00
5407		Tan-Mileage Bulk Tax	m/c	275.00
5502C	4 hrs	80 bbl Var. Tax	90.00	360.00
1123	3000 gal	city water	12.80	38.40
9156	1	4 1/2" Flange valve float shoe	129.00	129.00
4129	1	4 1/2" Centralizer	29.00	29.00
4404	1	4 1/2" Tap Rubber Plug	40.00	40.00
		sub-total		4128.40
		Thank Me 6.3%		SALES TAX 161.75
		ESTIMATED TOTAL		4290.15

AUTHORIZATION WITNESSED BY MIKE

TITLE _____

DATE _____