

**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. _____

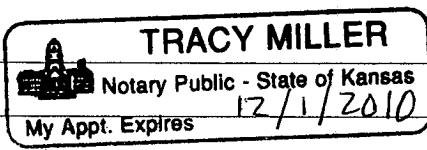
2/23/07	2/26/07	4/19/07
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 205-27060-00-00
 County: Wilson
SE SE _____ Sec. 21 Twp. 28 S. R. 15 East West
760 _____ 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 Well #: A-8
 Field Name: Cherokee Basin Coal Gas
 Producing Formation: Mississippian
 Elevation: Ground: 894.1 Kelly Bushing: n/a
 Total Depth: 1330' Plug Back Total Depth: 1287'
 Amount of Surface Pipe Set and Cemented at 42' Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from bottom casing 1295'
 feet depth to surface 16140 sx cmt.
Att 201g - 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: Nacy Miller
 Date Commission Expires: _____


KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received **RECEIVED**
 Geologist Report Received **KANSAS CORPORATION COMMISSION**
 UIC Distribution **MAY 09 2007**
 CONSERVATION DIVISION
 WICHITA, KS

Operator Name: Cherokee Wells LLC Lease Name: Row Well #: A-8
 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'	Portland	40	
Long String	6 3/4"	4 1/2"	13.2#	1295'	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		Acid, Fracture, Shot, Cement Squeeze Record		Depth
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)		

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

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

TICKET NUMBER 16915
 LOCATION Eureka
 FOREMAN Troy Strickler

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-28-07	3070	Row A-8				4210
CUSTOMER			TRUCK #			
Gateway Titan			DRIVER			
MAILING ADDRESS			TRUCK #			
P.O. Box 960			DRIVER			
CITY						
STATE		ZIP CODE				
Meeter		OK				74855

JOB TYPE Longstring HOLE SIZE 4 1/4" HOLE DEPTH 1303' CASING SIZE & WEIGHT 4 1/2" 10.5"
 CASING DEPTH 1295' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.2" SLURRY VOL 4200 WATER gal/sk 8" CEMENT LEFT in CASING 0'
 DISPLACEMENT 20.500 DISPLACEMENT PSI 700 MIX PSI 1200 Pump Fly RATE _____

REMARKS: Safety meeting. Rig up to 4 1/2" casing. Break Circulation w/ 3000 water.
Pump 4 1/2" Gel-Flush, 1100 Dye water, Mixed 140sks Thick Set Cement
w/ 5" Kol-Seal @ 13.2" w/ gal. Work out Pump + liner. Release Plug.
Displace w/ 20.500 water. Final Pump Pressure 700 PSI. Pump Fly to
1200 PSI wait 20 min Release Pressure. Fleet Held. Good Cement
to surface = 7861 slug to Pit. Job Complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	140.00	140.00
5406	40	MILEAGE	3.20	128.00
1126A	140sks	Thick Set Cement	15.40	2156.00
1110A	700*	Kol-Seal 5" 1/2"	.38**	266.00
1118A	200*	Gel-Flush	.15*	30.00
5407		Ton - Mike's Bulk Truck	1916	383.20
4104	1	4 1/2" Top Rubber Plug	40.00	40.00
4129	1	4 1/2" Centralizers	36.00	36.00
4156	1	4 1/2" Flapper Type Thread Shoe	208.00	208.00
Thank You!				
			Sub Total	3983.00
			632 SALES TAX	172.57
			ESTIMATED TOTAL	4155.57

AUTHORIZATION Called by Mike TITLE Co-Rep DATE _____
 210118