

ORIGINAL

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KANSAS CORPORATION COMMISSION

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

MAY 18 2007

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE
CONSERVATION DIVISION
WICHITA, KS

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: (820) 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. _____

10/17/06 10/19/06 3/2/07
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 205-26841-00-00
County: Wilson
N2 - NE4 - - - - - Sec. 30 Twp. 28 S. R. 15 East West
660 feet from S N (circle one) Line of Section
1320 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: W Porter Well #: A-3

Field Name: Cherokee Basin Coal
Producing Formation: Mississippian

Elevation: Ground: 841.83 Kelly Bushing: n/a
Total Depth: 1280' Plug Back Total Depth: 1266'

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 1269
feet depth to surface w/ 30 135 sx cmt.

Alt 2 - Dlg - 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: 5/10/07

Subscribed and sworn to before me this 10 day of May,
20 07.

Notary Public: Tracy Miller
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: W Porter Well #: A-3
 Sec. 30 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 <div style="text-align: center;"> RECEIVED KANSAS CORPORATION COMMISSION MAY 18 2007 CONSERVATION DIVISION WICHITA, KS </div>
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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#	42'	Portland	30	
Long String	6 3/4"	4 1/2"	13.2#	1269'	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		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 Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled _____

Production Interval Other (Specify) _____

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

TICKET NUMBER 16404
LOCATION EUREKA
FOREMAN RICK LEDFORD

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-20-06	3070	W Parter A-3				Wilson
CUSTOMER Gateway Titan			TRUCK #			
MAILING ADDRESS P.O. Box 960			DRIVER			
CITY MEEKER			TRUCK #			
STATE OK			DRIVER			
ZIP CODE 74855			TRUCK #			
			DRIVER			

JOB TYPE Logging HOLE SIZE 6 3/4" HOLE DEPTH 1280' CASING SIZE & WEIGHT 4 1/2" 9.5"
CASING DEPTH 1269' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 13.2 # SLURRY VOL 41 Bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
DISPLACEMENT 2072 Bbl DISPLACEMENT PSI 500 ~~Rate~~ PSI 1000 RATE _____

REMARKS: Safety meeting. Rig up to 4 1/2" casing. Break circulation w/10 Bbl fresh water. Pump 4 sks gel-flush, 20 Bbl water spacer, 10 Bbl dye water mixed 135 sks thickset cement w/5# Kol-seal #2/sk @ 13.2 #/gal. Washout pump & lines, release plug. Displace w/20.5 Bbl fresh water. Final pump pressure 500 PSI. Bump plug to 1000 PSI. wait 2 minutes. release pressure, float held. Cool 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	800.00	800.00
5406	40	MILEAGE	3.15	126.00
1126A	135 sks	thickset cement	14.65	1977.75
1118A	675 #	Kol-seal 5# #2/sk	.36	243.00
1118A	200 #	gel-flush	.14	28.00
5407	7.4	Ten-mileage Aux. Trk	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
4161	1	4 1/2" AFU Flapper Type float shoe	248.00	248.00
			subtotal	3773.75
			6.3% SALES TAX	162.08
			ESTIMATED TOTAL	3935.83

RECEIVED
KANSAS CORPORATION COMMISSION
MAR 19 2008
CONSERVATION DIVISION
WICHITA, KS

AUTHORIZATION Troy Dyer

TITLE _____

DATE _____