

**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>10/23/06</u>	<u>10/24/06</u>	<u>2/26/07</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 205-26850-00-00
 County: Wilson
S2 SE4 Sec. 19 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-2
 Field Name: Cherokee Basin Coal Gas

Producing Formation: Mississippian

Elevation: Ground: unknown Kelly Bushing: n/a

Total Depth: 1280 Plug Back Total Depth: n/a

Amount of Surface Pipe Set and Cemented at 43' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from bottom casing 1272

feet depth to surface w/ 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: KANSAS CORPORATION COMMISSION

Lease Name: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: WICHITA, KS

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 APR 24 2007
 KANSAS CORPORATION COMMISSION
 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: W Porter Well #: A-2
 Sec. 19 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#	43'	Portland	30	
Long String	6 3/4"	4 1/2"	13.4#	1272'	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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
		RECEIVED KANSAS CORPORATION COMMISSION APR 24 2007 CONSERVATION DIVISION WICHITA, KS	

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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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)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
(If vented, Submit ACO-18.) Other (Specify) _____

CONSOLIDATED OIL WELL SERVICES, INC.

P.O. BOX 884, CHANUTE, KS 66720

620-431-9210 OR 800-467-8676

TICKET NUMBER 16445

LOCATION Eureka

FOREMAN Troy Strickler

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-25-06	3070	W. Porter A-2				Wilson
CUSTOMER <u>Gateway Titan</u>			TRUCK #			
MAILING ADDRESS <u>P.O. Box 960</u>			DRIVER			
CITY <u>Maekar</u>		STATE <u>OK</u>	ZIP CODE <u>74855</u>	TRUCK #		
				DRIVER		
				<u>446</u>		
				<u>Cliff</u>		
				<u>477</u>		
				<u>Jamie</u>		

JOB TYPE Logging HOLE SIZE 6 3/4 HOLE DEPTH 1280' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 1272 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.4# SLURRY VOL 40.68bl WATER gal/sk 80 CEMENT LEFT in CASING 0'
 DISPLACEMENT 20.28bl DISPLACEMENT PSI 700 MIX PSI 1200 Bump Ply RATE _____

REMARKS: Safety Meetings Rig up to 4 1/2" casing. Break Circulation w/ 200bl water. Pump 4sk Gel-Flush, 100bl water, 100bl Dye water. Mixed 135sk Thick Set Cement w/ 5# Kol-Seal @ 13.4# Pcpbl. Wash out Pump + lines. Release Fly Displace w/ 20.28bl Water. Final Pump Pressure 700 PSI Bump Ply to 1200 PSI. Wait 2mins. Release Pressure. Float Held. Good Cement to surface = 78bl Slurry to Pt.

Job Complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5901	1	PUMP CHARGE	800.00	800.00
5406	40	MILEAGE	3.15	126.00
1126A	135sk	Thick Set Cement	14.65	1977.75
1110A	675#	Kol-Seal 5# Pcpbl	.36	243.00
1118A	200#	Gel-Flush	.14	28.00
5407		Ton-Mileage Bulk Truck	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 Float shoe	248.00	248.00
		Thank you		
			Sub Total	3773.75
			6.32 SALES TAX	162.08
			ESTIMATED TOTAL	3935.83

AUTHORIZATION Troy Strickler

TITLE 010080

DATE _____