

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33539
Name: Cherokee Wells, LLC
Address 1: P.O. Box 296
Address 2: _____
City: Fredonia State: KS Zip: 66736 + _____
Contact Person: Tracy Miller
Phone: (620) 378-3650
CONTRACTOR: License # 33072
Name: Well Refined Drilling
Wellsite Geologist: N/A
Purchaser: Southeastern Kansas Pipeline
Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover
_____ Oil _____ SWD _____ SIOW
 Gas _____ ENHR _____ SIGW
_____ CM (Coal Bed Methane) _____ Temp. Abd.
_____ 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. _____ Conv. to SWD
_____ Plug Back: _____ Plug Back Total Depth
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhr.?) _____ Docket No.: _____
3/21/07 3/22/07 8/31/07
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 205-27100-00-00
Spot Description: _____
SE SW NW SW Sec. 33 Twp. 29 S. R. 14 East West
*1638 Feet from North / South Line of Section
*359 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Wilson
Lease Name: McGinnis Well #: A-1
Field Name: Cherokee Basin Coal Gas Area
Producing Formation: See Perforating Record
Elevation: Ground: 969.6' Kelly Bushing: N/A
Total Depth: 1455' Plug Back Total Depth: *1443'
Amount of Surface Pipe Set and Cemented at: 40' 10" Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: bottom casing
feet depth to: surface w/ 155 ^{sx cmt.}
AMP - Dlg - 7/31/09

RECEIVED

JUL 16 2009

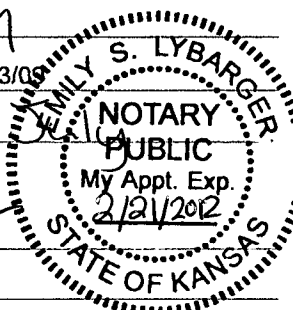
KCC WICHITA

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: Tracy Miller
Title: Administrative Assistant Date: 7/3/09
Subscribed and sworn to before me this 7 day of July
20 09
Notary Public: Emily S. Lybarger
Date Commission Expires: 2/21/2012



KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: 7/29/09
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

*WAS-2310 FSL/330 FWL - 15 1638 FSL/359 FWL

Operator Name: Cherokee Wells, LLC Lease Name: McGinnis Well #: A-1
 Sec. 33 Twp. 29 S. R. 14 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: High Resolution Compensated Density / Neutron Log, Dual Induction Log Bond Log All previously submitted	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Driller's Log previously submitted
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CASING RECORD <input 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	12.25"	8.625"	26#	40' 10"	Portland	30	
Longstring	6.75"	4.5"	10.5#	1445'	Thickset	155	

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 Plug Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	988.5-989.5	2700# 16/30 Sand	
4	1071.5-1073.5; 1086.5-1089.5	12750# 16/30 Sand	
4	1142-1143; 1160-1162	1600# 16/30 Sand	
4	1223.75-1224.75	1600# 16/30 Sand	
4	1256-1258	3100# 16/30 Sand	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or Enhr. 9/1/07 Producing Method: Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		20	50-75		

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CHEROKEE WELLS, LLC

July 7, 2009

Kansas Corporation Commission
130 South Market Street
Room 2078
Wichita, KS 67202

RE: MCGINNIS A-1
15-205-27100-00-00
33-29s-14e

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To Whom It May Concern:

This letter is being sent as a formal request by Cherokee Wells, LLC for the enclosed Well Completion Form and any other information gathered from this well to be held in confidence by the ~~Kansas Corporation Commission~~ (KCC) for the maximum allowable time period.

A similar letter is being sent to the Kansas Geological Survey requesting confidentiality for all samples and any other information required to be filed as well as wireline logs, driller's logs or any other information filed with the KCC.

Sincerely,



Tracy Miller
Administrative Assistant

P.O. Box 296
1033 Fillmore Street
Fredonia, KS 66736

Phone: 620-378-3650
Fax: 620-378-3670
tmiller@twinmounds.com