

AMENDED
7/6/09

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

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

API No. 15 - 205-27101-00-00

Spot Description: _____
SW SE NE SW Sec. 33 Twp. 29 S. R. 14 East West
* 1623 Feet from North / South Line of Section
* 2224 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-2

Field Name: Cherokee Basin Coal Gas Area

Producing Formation: See Perforating Record

Elevation: Ground: 972.2' Kelly Bushing: _____

Total Depth: 1430' Plug Back Total Depth: * 1416

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

feet depth to: surface w/ 155 ARM-Dlg - 7/31/09 ^{sq cmt.}

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.: _____

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.)

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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.: _____

3/22/07 3/27/07 * 9/7/07

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

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: Nancy Miller

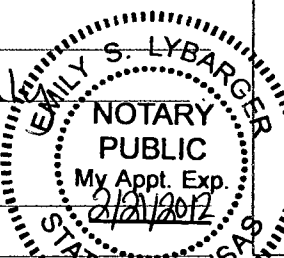
Title: Administrative Assistant Date: 7/6/09

Subscribed and sworn to before me this 7 day of July

20 09

Notary Public: Emily Lyberger

Date Commission Expires: 2/24/2012



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

*NAS 2310 FSL/2310 FWL - IS 102.3 FSL/2224 FWL

Operator Name: Cherokee Wells, LLC Lease Name: McGinnis Well #: A-2
 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 Both previously submitted	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Drillers Log - Previously submitted <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED JUL 16 2009 KCC WICHITA </div>
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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#	43'	Portland	35	
Longstring	6.75"	4.5"	10.5#	1446'	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 Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	* 1197-1198	1550# 16/30 Sand	
4	1133.5-1136; 1116-1117	5700# 16/30 Sand	
4	1060.5-1064; 1046.5-1048.5	13850# 16/30 Sand	
4	965-966	1600# 16/30 Sand	

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Entr.		Producing Method: <input type="checkbox"/> Flowing <input checked="" 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
		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-2
15-205-27101-00-00
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