

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

9/03/11

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33539
 Name: Cherokee Wells, LLC
 Address 1: P.O. Box 296
 Address 2: 1033 Fillmore
 City: Fredonia State: KS Zip: 66736
 Contact Person: Emily Lybarger
 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 SLOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other _____
 (Core, WSW, Expl., Cathodic, etc.)

API No. 15 - 205-27729-0000
 Spot Description: W2-W2-E2-NW
W2 W2 E2 NW Sec. 4 Twp. 28 S. R. 15 East West
1320 Feet from North / South Line of Section
1563 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Wilson
 Lease Name: Harkness Well #: A-3
 Field Name: Cherokee Basin Coal Gas Area
 Producing Formation: Unknown
 Elevation: Ground: 847' est. Kelly Bushing: N/A
 Total Depth: 1255' Plug Back Total Depth: N/A
 Amount of Surface Pipe Set and Cemented at: 64' 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/ 130 sx cmf.

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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.: _____
7/7/09 7/9/09 N/A
 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

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: Emily Lybarger
 Title: Administrative Assistant Date: 9/3/09

Subscribed and sworn to before me this 3 day of September

20 09
 Notary Public: Nancy Miller
 Date Commission Expires: 12/1/2010
TRACY MILLER
 Notary Public - State of Kansas
 My Appt. Expires

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