

CONFIDENTIAL

ORIGINAL 10/01/09

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

AMENDED

OPERATOR: License # 33539  
Name: Cherokee Wells, LLC  
Address 1: P.O. Box 296  
Address 2: \_\_\_\_\_  
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 \_\_\_\_\_ SIOW \_\_\_\_\_  
 Gas \_\_\_\_\_ ENHR \_\_\_\_\_ SIGW \_\_\_\_\_  
\_\_\_\_\_ CM (Coal Bed Methane) \_\_\_\_\_ Temp. Abd. \_\_\_\_\_  
\_\_\_\_\_ Dry \_\_\_\_\_ Other \_\_\_\_\_  
(Core, WSW, Expl., Cathodic, etc.)

API No. 15 - 205-27202-0000  
Spot Description: NW-SE-SE  
NW SE SE Sec. 29 Twp. 27 S. R. 15  East  West  
985 Feet from  North /  South Line of Section  
985 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Wilson  
Lease Name: Sharp, G. 29 Well #: A-1  
Field Name: Cherokee Basin Coal Gas Area  
Producing Formation: Unknown  
Elevation: Ground: N/A Kelly Bushing: N/A  
Total Depth: 1280' Plug Back Total Depth: N/A  
Amount of Surface Pipe Set and Cemented at: 21' Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: surface  
feet depth to: bottom casing w/ 135 sx cmt.

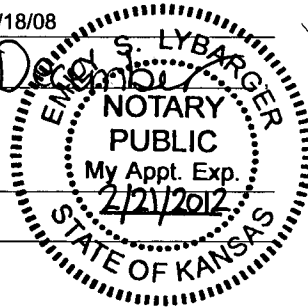
If Workover/Re-entry: Old Well Info as follows:  
Operator: \_\_\_\_\_  
Well Name: \_\_\_\_\_  
Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_  
\_\_\_\_\_ Deepening \_\_\_\_\_ Re-perf. \_\_\_\_\_ Conv. to Enhr. \_\_\_\_\_ Conv. to SWD \_\_\_\_\_  
\_\_\_\_\_ Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
\_\_\_\_\_ Commingled \_\_\_\_\_ Docket No.: \_\_\_\_\_  
\_\_\_\_\_ Dual Completion \_\_\_\_\_ Docket No.: \_\_\_\_\_  
\_\_\_\_\_ Other (SWD or Enhr.?) \_\_\_\_\_ Docket No.: \_\_\_\_\_  
6/4/07 6/6/07 12/11/08  
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan AH II NJ 4-2709  
(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: Shanna Shindler  
Title: Administrative Assistant Date: 12/18/08  
Subscribed and sworn to before me this 18 day of December  
2008.  
Notary Public: Emily Lybarger  
Date Commission Expires: 2/21/2012



**KCC Office Use ONLY**  
 Letter of Confidentiality Received  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
KANSAS CORPORATION COMMISSION  
JAN 23 2009

RECEIVED

Operator Name: Cherokee Wells, LLC Lease Name: Sharp, G. 29 Well #: A-1  
 Sec. 29 Twp. 27 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: High Resolution Compensated Density/Neutron Log, Dual Induction Log - Previously Submitted Cement Bond Log - Enclosed	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum Driller Log - <i>Previously Submitted</i>  <div style="text-align: center; font-size: 2em; opacity: 0.5;">CONFIDENTIAL</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	12 1/4"	8 5/8"	26#	21'	Portland	6	
Longstring	6 3/4"	4 1/2"	10.5#	1270'	Thickset	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
4	1081-1083'; 1078.5-1079.5'	4500# Sand	
4	966.5-968'	3500# Sand	
4	879.5-882'; 866.75-868.5	13300# 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 Enhr. 12/12/08		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. 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**

December 18, 2008

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

RE: SHARP, G. 29 #A-1  
I5-205-27202-0000  
29-27s-15e

CONFIDENTIAL

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,

  
Emily Lybarger  
Administrative Assistant

KANSAS CORPORATION COMMISSION

**JAN 23 2009**

**RECEIVED**

**4916 Camp Bowie Blvd.  
Suite 200  
Fort Worth, TX 76107**

**Phone: 817-626-9898  
Fax: 817-624-1374**