

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

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: _____

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.: _____

<u>4-3-2006</u>	<u>4-3-2006</u>	<u>4-3-2006</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 205-26393-0000

Spot Description: _____

_____ S/2 _____ NW _____ SW Sec. 32 Twp. 27 S. R. 15 East West

1650 Feet from North / South Line of Section

660 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Wilson

Lease Name: J. Pierpoint Well #: A-1

Field Name: Cherokee Basin Coal Gas Area

Producing Formation: N/A

Elevation: Ground: 846.7' Kelly Bushing: _____

Total Depth: 31' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 30' 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/ 45 sx 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.: _____

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: 12/28/09

Subscribed and sworn to before me this 30 day of December

20 09

Notary Public: Emily S. Browning

Date Commission Expires: 2/21/2012

EMILY S. BROWNING
Notary Public - State of Kansas
My Appt. Expires 2/21/2012

KCC Office Use ONLY

N Letter of Confidentiality Received

If Denied, Yes Date: _____

_____ Wireline Log Received

_____ Geologist Report Received

_____ UIC Distribution

RECEIVED

JAN 04 2010

KCC WICHITA

Operator Name: Cherokee Wells, LLC Lease Name: J. Pierpoint Well #: A-1
 Sec. 32 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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	11"	8.625"	20#	30'	Class "A"	45	

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
N/A	N/A	N/A	N/A

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	KCC WICHITA
Date of First, Resumed Production, SWD or Enhr. _____		Producing Method: <input type="checkbox"/> Flowing <input 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 _____

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input 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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED OIL WELL SERVICES, INC.

P.O. BOX 884, CHANUTE, KS 66720

'620-431-9210 OR 800-467-8676

TICKET NUMBER 08594

LOCATION EUREKA

FOREMAN Kevin McCoy

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-3-06	3070	J. Pierpont A-1				Wilson

CUSTOMER Gateway Titan
 MAILING ADDRESS P.O. Box 960
 CITY Meeker STATE OK ZIP CODE 74855

well Refined Drily.

TRUCK #	DRIVER	TRUCK #	DRIVER
445	RICK L.		
479	CALIN		
436	John		

JOB TYPE SURFACE HOLE SIZE 11" HOLE DEPTH 31' CASING SIZE & WEIGHT 8 5/8 20" New
 CASING DEPTH 30' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15" SLURRY VOL 11 BBL WATER gal/sk 6.5 CEMENT LEFT in CASING 15'
 DISPLACEMENT 1.2 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8 Casing. Break Circulation w/ 5 BBL Fresh water. mixed 45 sks Regular Cement w/ 2% CaCl2, 2% Gel, @ 15" per gal, yield 1.35. Displace w/ 1.2 BBL Fresh water. Shut casing in. Good Cement Returns to Surface. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	620.00	620.00
5406	40	MILEAGE	3.15	126.00
1104 S	45 SKS	Regular Class "A" Cement	11.25	506.25
1102	85 *	CaCl2 2%	.64 *	54.40
1118 A	100 *	Gel 2%	.14 *	14.00
5407	2. " Tons	Ton Mileage Bulk TRUCK	MIC	275.00
5502 C	3 Hrs	80 BBL VAC TRUCK	90.00	270.00
1123	1600 gals	City water	12.80 ^{Per 1000}	20.48
RECEIVED				
IAN 04 2010				
KCC WICHITA				
		Sub Total		1886.13
		SALES TAX 6.3%		31.49
		ESTIMATED TOTAL		1923.62

#36-001

Thank you

204291

AUTHORIZATION Witnessed By Mike

TITLE well Refined Drily.

DATE _____