

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 # 33539
Name: Cherokee Wells, LLC
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.: _____
3/23/06 3/27/06
Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date

API No. 15 - 205-26342-0000
Spot Description: _____
_____ NW - NW Sec. 28 Twp. 28s S. R. 14 East West
660 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: Oneal Well #: A-10
Field Name: Cherokee Basin Coal Gas Area
Producing Formation: N/A
Elevation: Ground: 988 Kelly Bushing: _____
Total Depth: 603' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 40' 4" 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/ 65 sx cmt.

Drilling Fluid Management Plan A14, 2 SB 1-6-10
(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
 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: Oneal Well #: A-10
 Sec. 28 Twp. 28s 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Driller's Log
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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	11.25"	8.625"	26#	40'	Portland	8	
Longstring	6.75"	4.5"	10.5#	590'	Thickset	65	

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		RECEIVED JAN 04 2010 KCC WICHITA	
Date of First, Resumed Production, SWD or Entr.		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 08628
 LOCATION Eureka
 FOREMAN Troy Strickler

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-11-06	3070	O'Neal A-10	28	285	14	Wilson
CUSTOMER <u>Gateway Titan</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>P.O. Box 960</u>			<u>463 Alan</u>			
CITY <u>Meeker</u>			<u>442 Colin</u>			
STATE <u>OK</u>			<u>436 John</u>			
ZIP CODE <u>74855</u>						

JOB TYPE Logging HOLE SIZE 6 1/4 HOLE DEPTH 600' CASING SIZE & WEIGHT 4 1/2" 10.5# Nw
 CASING DEPTH 590' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.4# SLURRY VOL 19.5Bbl WATER gal/sk 6.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 9.4Bbl DISPLACEMENT PSI 500 MIX PSI 1000 Bump Pkg RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2" casing. Break circulation w/15Bbl Pump 20Bbl Gel Flush, 3Bbl Dye water, Mixed 65sk Thick Set Cement w/ 5# Kol-Sal Redsk @ 13.4# Pkg. Washout Pump + liner Shut down. Release Plug. Displace w/9.4Bbl Water. Final Pump Pressure 500 PSI. Bump Plug to 1000PSI. Wait 2mins Release Pressure Float Held Good Cement To Surface = 7Bbl Slurry to Pit

Job Complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	800.00	800.00
5406	40	MILEAGE 2nd of 2wells	3.15	126.00
1126A	65sk	Thick Set Cement	14.65	952.25
1110A	325#	Kol-Sal 5# Pkg/sk	.36#	117.00
1118A	200#	Gel-Flush	.14#	28.00
5407		Ton-Mileage Bulk Truck	m/c	150.00
5502C	3hrs	80Bbl Vac Truck	90.00	270.00
4161	1	4 1/2" AFU Float Shoe	146.00	146.00
4129	1	4 1/2" Centralizer	29.00	29.00
4404	1	4 1/2" Top Rubber Plug	40.00	40.00
			Sub Total	2658.25
			6.3% SALES TAX	82.67
			ESTIMATED TOTAL	2740.92

AUTHORIZATION Mary Jeter

TITLE 204410

DATE _____

Cherokee Wells, LLC

4916 Camp Bowie Blvd. Ste. 200 - Fort Worth, TX 76107
Contractor License # 33539
817-546-0034/ TX Office; 817-296-6541/Jens Hansen Cell; 817-624-1374/FAX
620-839-5581/ KS Office; 620-432-6170/Jeff Kephart Cell; 620-839-5582/FAX

Rig #:	CW	Lic:	33342
API #:	15-205-26342-00-00		
Operator:	Blue Jay Operating LLC		
	4916 Camp Bowie Suite 204		
	Fort Worth, TX 76107		

S 28	T 28S	R 14E
Location:	NW, NW	
County:	Wilson	

				Gas Tests			
Well #:	A-10	Lease Name:	Oneal	Depth	Pounds	Orifice	flow - MCF
Location:	660 ft. from N	Line					
	660 ft. from W	Line					
Spud Date:	3/23/2006						
Date Completed:	3/27/2006	TD:	603				
Driller:	Jeff Thompson						
Casing Record	Surface	Production					
Hole Size	11 1/4"	6 3/4"					
Casing Size	8 5/8"						
Weight	26#						
Setting Depth	40'						
Cement Type	Portland						
Sacks	8						
Feet of Casing	40' 4"						

06LC-032706-CW-022-Oneal A-10 - BJO

Note:	Hammer problem.						
	Trip hammer shanked bit 603'.						
	Move and set surface Oneal A-11.						

Well Log

Top	Bottom	Formation	Top	Bottom	Formation	Top	Bottom	Formation
0	2	OB						
2	157	shale						
157	161	lime						
161	164	shale						
164	211	lime						
211	311	shale						
311	326	lime						
326	348	shale						
348	395	lime						
		Oil						
395	407	shale						
430		Inject Water						
407	451	lime						
451	477	sandy/ shale						
477	603	lime						
603		Total Depth						

RECEIVED

JAN 04 2010

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