

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

AMENDED

OPERATOR: License # 33539
Name: Cherokee Wells, LLC
Address 1: P.O. Box 296
Address 2: 1033 Filmore
City: Fredonia State: KS Zip: 67301 +
Contact Person: Emily Browning
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 - 205-27153-0000
Spot Description: NW-NW-NW
NW NW NW NW Sec. 17 Twp. 27 S. R. 16 East West
335 Feet from North / South Line of Section
410 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Wilson
Lease Name: Atmos Well #: A-1
Field Name: Cherokee Basin Coal Gas Area
Producing Formation: N/A
Elevation: Ground: 896.59' Kelly Bushing: N/A
Total Depth: 1280' Plug Back Total Depth: 1263'
Amount of Surface Pipe Set and Cemented at: 280' 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/ 135 sx cmt.

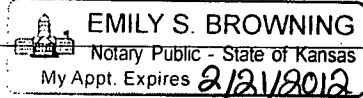
If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
____ Deepening ____ Re-perf. ____ Conv. to Enhr. ____ Conv. to SWD
____ Plug Back: _____ Plug Back Total Depth
____ Commingled Docket No.: _____
____ Dual Completion Docket No.: _____
____ Other (SWD or Enhr.?) Docket No.: _____
6/12/07 6/26/07 9/30/09
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan Alt II NGR 1-11-10
(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: Stacy Miller
Title: Administrative Assistant Date: 12/10/09
Subscribed and sworn to before me this 10 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

MAY. CONFID. STAT. ALR. CONF. REC'D
KCC Office Use ONLY 10/01/09 - 10/01/09
 Letter of Confidentiality Received
If Denied, Yes Date: 9/05/10
 Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

RECEIVED

DEC 24 2009

Operator Name: Cherokee Wells, LLC Lease Name: Atmos Well #: A-1
 Sec. 17 Twp. 27 S. R. 16 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 Bond Log - Enclosed	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Drillers Log - Previously Submitted
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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	11.25"	8.625"	27#	280'	Portland	N/A	
Longstring	6.75"	4.5"	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	944.75-945.75'; 929.5-930.5'	4450# 16/30 Brown Sand	
4	895.25-897.25'	3550# 16/30 Brown Sand	
4	792-793'	3900# 16/30 Brown 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. 10/1/09		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

December 10, 2009

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

RE: Atmos A-1
15-205-27153-0000
17-27s-16e

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 Browning
Administrative Assistant

RECEIVED
DEC 22 2009
KCC WICHITA

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

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