

CONFIDENTIAL

ORIGINAL

10/22/10

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

*See
CP-4
10/1/09*

WELL COMPLETION FORM

AMENDED

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33539

API No. 15 - 205-27683-0000

Name: Cherokee Wells, LLC

Spot Description: _____

Address 1: P.O. Box 296

NW SW SW NW Sec. 28 Twp. 27 S. R. 15 East West

Address 2: _____

2290 Feet from North / South Line of Section

City: Fredonia State: KS Zip: 66736 + _____

129 Feet from East / West Line of Section

Contact Person: Emily Lybarger

Footages Calculated from Nearest Outside Section Corner:

Phone: (620) 378-3650

NE NW SE SW

CONTRACTOR: License # 5675

County: Wilson

Name: McPherson Drilling

Lease Name: Burnt Hills Ranch Well #: P-12

Wellsite Geologist: N/A

Field Name: Cherokee Basin Coal Gas Area

Purchaser: Southeastern Kansas Pipeline

Producing Formation: Unknown

Designate Type of Completion:

Elevation: Ground: 875' Kelly Bushing: N/A

New Well Re-Entry Workover

Total Depth: 1280' Plug Back Total Depth: 1269'

Oil SWD SIOW

Amount of Surface Pipe Set and Cemented at: 20' 5" Feet

Gas ENHR SIGW

Multiple Stage Cementing Collar Used? Yes No

CM (Coal Bed Methane) Temp. Abd.

If yes, show depth set: _____ Feet

Dry Other _____

(Core, WSW, Expl., Cathodic, etc.)

If Alternate II completion, cement circulated from: surface

If Workover/Re-entry: Old Well Info as follows:

feet depth to: bottom casing w/ 130 sx cmt.

Operator: _____

Drilling Fluid Management Plan AT # 1592109
(Data must be collected from the Reserve Pit)

Well Name: _____

Chloride content: _____ ppm Fluid volume: _____ bbls

Original Comp. Date: _____ Original Total Depth: _____

Dewatering method used: _____

Deepening Re-perf. Conv. to Enhr. Conv. to SWD

Location of fluid disposal if hauled offsite: _____

Plug Back: _____ Plug Back Total Depth

Operator Name: _____

Commingled Docket No.: _____

Lease Name: _____ License No.: _____

Dual Completion Docket No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

Other (SWD or Enhr.?) Docket No.: _____

County: _____ Docket No.: _____

10/1/08 10/3/08 2/11/09

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

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.

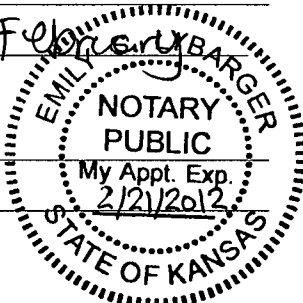
Signature: Shannan Shultz

Title: Administrative Assistant Date: 2/19/09

Subscribed and sworn to before me this 19 day of February

09
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

RECEIVED
KANSAS CORPORATION COMMISSION

MAR 30 2009

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Cherokee Wells, LLC Lease Name: Burnt Hills Ranch Well #: P-12
 Sec. 28 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 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"	8 5/8"	13#	20' 5"	Portland	4	
Longstring	6 3/4"	4 1/2"	10.5#	1270'	Thickset	130	

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	1080.5-1083'	5700# Sand	
4	973-974.25'	3100# Sand	
4	885-887.5; 873-874.5'	13900# Sand	
4	796.5-797.5'	500# Sand	

RECEIVED
 KANSAS CORPORATION COMMISSION
MAR 30 2009

CONFIDENTIAL

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CONSERVATION DIVISION WICHITA, KS
Date of First, Resumed Production, SWD or Enhr. 2/12/09	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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