

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

11/25/10
Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33539
Name: Cherokee Wells, LLC
Address: P.O. Box 296
City/State/Zip: Fredonia, KS 66736
Purchaser: Southeastern Kansas Pipeline
Operator Contact Person: Emily Lybarger
Phone: (620) 378-3650
Contractor: Name: Well Refined Drilling
License: 33072

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KCC

Wellsite Geologist: N/A
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 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./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. _____
11/14/08 11/18/08
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 205-27492-0000
County: Wilson
W2 - E2 - SW - SE Sec. 31 Twp. 29 S. R. 14 East West
660 feet from (S) N (circle one) Line of Section
680 feet from E / (W) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: Maxwell Well #: A-13
Field Name: Cherokee Basin Coal Gas Area
Producing Formation: Unknown
Elevation: Ground: N/A Kelly Bushing: N/A
Total Depth: 1455' Plug Back Total Depth: N/A
Amount of Surface Pipe Set and Cemented at 41' 8" 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/ 160 _____ sx cmt.

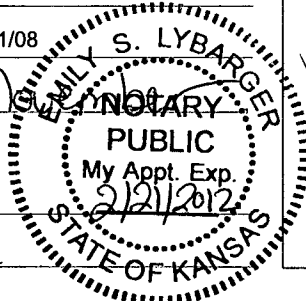
Drilling Fluid Management Plan AT INS 2-2309
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

Per state file

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: Shannon Shultz
Title: Administrative Assistant Date: 11/21/08
Subscribed and sworn to before me this 21 day of NOVEMBER
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
RECEIVED
KANSAS CORPORATION COMMISSION
DEC 01 2008

Operator Name: Cherokee Wells, LLC Lease Name: Maxwell Well #: A-13
 Sec. 31 Twp. 29 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 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	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Drillers Log - Enclosed <div style="text-align: center;"> CONFIDENTIAL NOV 25 2008 KCC </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"	20#	41' 8"	Portland	10	
Longstring	6 3/4"	4 1/2"	10.5#	1445'	Thickset	160	

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 <i>(Amount and Kind of Material Used)</i>	Depth
N/A	N/A	N/A	N/A

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WICHITA, KS

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd 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 **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Submit ACO-18.) Other (Specify) _____



CONSOLIDATED
Oil Well Services, L.L.C.

ENTERED

TICKET NUMBER 20443
LOCATION Eureka
FOREMAN Steve Mann

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-19-08	2890	Maxwell #A-12				Wilson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address			485	Alan		
4916 Camp Bowie Suite 200			502	Philip		
CITY	STATE	ZIP CODE				
Fort Worth	TX	76107				

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 1455' CASING SIZE & WEIGHT 4 1/2 10 5/8
 CASING DEPTH 1445 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL _____ WATER gal/ek _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 23 bbls DISPLACEMENT PSI 700* MIX PSI Bump Plug 1200* RATE _____

REMARKS: Safety Meeting. Rig up to 4 1/2 casing with wash head. Break circulation with 23 bbls fresh water wash 6' casing to bottom. Mix 700* Gel Flash 5 bbls water spacer 10 bbls Dyewater shut down. Rig up cement blend. Mix 160 sks thick set cement w/ 6* Kal Seal per SK At 13.8' wash out pump & lines. Shut down Release plug. Displace with 23 bbls fresh water final pumping pressure 700* Bump Plug to 1200*. Wait 3 min. Release pressure. Plug held. Good cement returns to surface. 9 bbls slurry to PIT. Job complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	926.00	926.00
5406	40	MILEAGE	3.25	1300.00
1126A	160 sks	Thick set cement	17.00	2720.00
110A	200*	Kal Seal 5* per/sk	.42	84.00
1118A	200*	Gel Flash	.17	34.00
5407A	8.8 tons	4 1/2 miles Bulk Truck	1.20	422.40
4404	1	4 1/2 Rubber Plug	45.00	45.00
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KCC			Sub Total	6445.00
			SALES TAX	198.58
			EBY	
			TOTAL	6643.58

Rev'n 3737

001534

AUTHORIZATION Called by Tyler

TITLE Co. Rep.

DATE _____