

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

12/18/10
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: Emily Lybarger

Phone: (620) 378-3650 **CONFIDENTIAL**

CONTRACTOR: License # 5675

Name: McPherson Drilling **DEC 18 2008**

Wellsite Geologist: N/A **KCC**

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.)

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.: _____

11/12/08 11/14/08

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - 205-27701-0000

Spot Description: SE-SE-SW

SE SE SW Sec. 4 Twp. 28 S. R. 15 East West

330 Feet from North / South Line of Section

2970 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Wilson

Lease Name: Miller Well #: A-3

Field Name: Cherokee Basin Coal Gas Area

Producing Formation: Unknown

Elevation: Ground: 841' Kelly Bushing: N/A

Total Depth: 1230' Plug Back Total Depth: N/A

Amount of Surface Pipe Set and Cemented at: 54' 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/ 130 sx cmt.

Drilling Fluid Management Plan **AK 11/15/09**
(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.

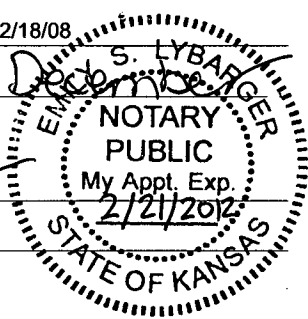
Signature: Shannon Hinkle

Title: Administrative Assistant Date: 12/18/08

Subscribed and sworn to before me this 18 day of December

20 08
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

JAN 23 2009

Operator Name: Cherokee Wells, LLC Lease Name: Miller Well #: A-3
 Sec. 4 Twp. 28 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	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Driller Log - Enclosed <div style="text-align: center;"> KCC DEC 18 2008 CONFIDENTIAL </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	11"	8 5/8"	20#	54'	Portland	N/A	
Longstring	6 3/4"	4 1/2"	10.5#	1220'	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
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	
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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McPherson Drilling LLC Drillers Log

Rig Number: 3	S. 4	T. 28	R. 15E
API No. 15- 205-27701	County: WILSON		
Elev. 841	Location: SE SE SW		

Gas Tests:		
466	0.00	MCF
479	8.59	MCF
730	10.0	MCF
783	10.5	MCF
810	17.3	MCF
828	15.1	MCF
929	8.59	MCF
935	4.42	MCF
964	4.42	MCF

Operator: CHEROKEE WELLS LLC	#33539
Address: P.O. BOX 296	
FREDONIA KS 66738	
Well No: A-3	Lease Name: MILLER
Footage Location: 330 ft. from the SOUTH Line	
2970 ft. from the EAST Line	
Drilling Contractor: McPherson Drilling LLC	
Spud date: 11/12/2008	Geologist:
Date Completed: 11/14/2008	Total Depth: 1230

Casing Record			Rig Time:	
Size Hole:	Surface 11"	Production 6 3/4"	2.25	HR(S) GAS TEST
Size Casing:	8 5/8"		1.00	DAY BOOSTER
Weight:	20#		1.50	WATER HAUL TRUCK
Setting Depth:	54'	CHEROKEE		
Type Cement:	Portland			
Sacks:	CONSOLIDATED		DRILLER:	DEVIN WINDSOR

Comments:

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DEC 18 2008
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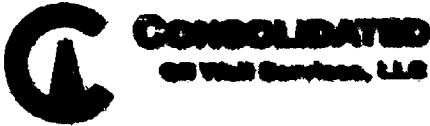
Start injecting @ 177

Well Log								
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.
clay	0	42	lime	720	724			
river gravel	42	43	coal	724	727			
shale	43	50	lime	727	741			
lime	50	56	shale	741	780			
shale	56	111	coal	780	781			
lime	111	137	lime	781	800			
shale	137	207	black shale	800	808			
lime	207	232	lime	808	814			
shale	232	315	black shale	814	824			
lime	315	412	shale	824	907			
shale	412	447	sandy shale	907	914			
lime	447	463	sand	914	920			
coal	463	465	shale	920	924			
shale	465	475	black shale	924	929			
black shale	475	478	shale	929	933			
lime	478	533	coal	933	934			
shale	533	582	shale	934	961			
lime	582	587	coal	961	962			
shale	587	614	shale	962	987			
lime	614	637	sand	987	1016			
green shale	637	641	sandy shale	1016	1065			
shale	641	670	shale	1065	1180			
sandy shale	670	690	Mississippi	1180	1230			
shale	690	720						

RECEIVED
KANSAS CORPORATION COMMISSION

JAN 23 2009

CONSERVATION DIVISION
WICHITA, KS



ENTERED

TICKET NUMBER 20415

LOCATION Everett

FOREMAN Troy Stettin

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

Handwritten initials and date: *km*, *m*, *1/26/09*

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-14-08	2890	E. Miller A-3				Wilson
CUSTOMER Domestic Energy Partners			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 4916 Camp Bowie Suite 200			520	Cliff	KCC	
CITY Fort Worth			515	Jerrid		
STATE TX		ZIP CODE 76107	DEC 18 2008			
CONFIDENTIAL						

JOB TYPE 4 1/2" HOLE SIZE 6 3/4" HOLE DEPTH 1230' CASING SIZE & WEIGHT 4 1/2" 10.5"
 CASING DEPTH 1220' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.4" SLURRY VOL 3986l WATER gal/sk 8" CEMENT LEFT IN CASING 0'
 DISPLACEMENT 19.484 DISPLACEMENT PSI 600 MIX PSI 1100 Gyp Fly RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2" Casing. Break circulation w/ 2500l water.
Pump back Gel-Flush. 1086l Dye water. Mixed 1700l Thick Set Cement
w/ 5" Kol-Seal @ 13.4" gal. Wash out Pump & lines. Release Plug.
Displace w/ 19.484l water. Final Pumping Pressure 600 PSI. Pump Fly
to 1100 PSI. Unit 2m. Release Pressure. Float H.H. w/ Good Cement
to surface = 786l Slug to Pit
Job Complete

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	40	MILEAGE	3.65	146.00
1126A	1300#	Thick Set Cement	1.70	2210.00
1104	650*	Kol-Seal 5"/sk	.42	273.00
1118A	300*	Gel-Flush	.17	51.00
5407		Ton Mileage	n/c	315.00
4401	1	4 1/2" Tap Rubber Plug	40.00	40.00
RECEIVED KANSAS CORPORATION COMMISSION JAN 23 2009 CONSERVATION DIVISION WICHITA, KS 632				
			Sales Tax	5965.00
			SALES TAX ESTIMATED TOTAL	162.48
				4127.48

Revin 3737

AUTHORIZATION Called by Tyler Webb TITLE Gen-Rep DATE _____

Handwritten ticket number: 20415