

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

9/4/11

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33539
Name: Cherokee Wells, LLC
Address 1: P.O. Box 296
Address 2: 1033 Fillmore
City: Fredonia State: KS Zip: 66736 +
Contact Person: Emily Lybarger
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 SLOW
 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.: _____
7/15/09 7/20/09 N/A
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 205-27755-0000
Spot Description: W2-W2-W2-E2
W2 W2 W2 E2 Sec. 2 Twp. 28 S. R. 14 East West
2640 Feet from North / South Line of Section
2428 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Wilson
Lease Name: Neuenschwander Well #: A-9
Field Name: Cherokee Basin Coal Gas Area
Producing Formation: Unknown
Elevation: Ground: 877' est. Kelly Bushing: N/A
Total Depth: 1305' Plug Back Total Depth: N/A
Amount of Surface Pipe Set and Cemented at: 43' 5" 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.

Drilling Fluid Management Plan At 7/15/10-19-09
(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: Emily Lybarger
Title: Administrative Assistant Date: 9/3/09

Subscribed and sworn to before me this 3 day of September

20 09
Notary Public: Tracy Miller

TRACY MILLER
Notary Public - State of Kansas
My Appt. Expires 12/1/2010

Date Commission Expires: _____

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Cherokee Wells, LLC Lease Name: Neuenschwander Well #: A-9
 Sec. 2 Twp. 28 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: Dual Induction Log, High Resolution Compensated Density/Neutron Log - Enclosed	<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;"> RECEIVED SEP 14 2009 KCC WICHITA </div> <div style="text-align: right;"> KCC SEP 04 2009 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	12 1/4"	8 5/8"	N/A	43' 5"	Portland	9	
Longstring	6 3/4"	4 1/2"	N/A	1294'	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
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 Bbbls.	Gas Mcf	Water Bbbls. 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, LLC



ENTERED

TICKET NUMBER 23418

LOCATION EUREKA

FOREMAN Kevin McCoy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-457-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-21-09	2890	Newenswander A-9				Wilson
CUSTOMER <i>Domestic Energy Partners</i>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <i>4916 Camp Bowie Ste 200</i>			<i>445</i>	<i>Justin</i>		
CITY <i>FORT WORTH</i>	STATE <i>Tx</i>	ZIP CODE <i>76107</i>	<i>543</i>	<i>Dave</i>		

KCC
SEP 01 2009

JOB TYPE Longstring HOLE SIZE 6 3/4 HOLE DEPTH 1305' CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 1294 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.4" SLURRY VOL 41 BBL WATER gal/sk 8.0 CEMENT LEFT IN CASING 0'
 DISPLACEMENT 21.5 BBL DISPLACEMENT PSI 700 BUMP PSI 1200 Bump Plug RATE _____

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REMARKS: Safety Meeting; Rig up to 4 1/2 casing, Break circulation w/ 25 BBL fresh water, Pump 6 sks Gel flush, 10 BBL water spacer, 10 BBL dye water, mixed 135 sks Thick Set Cement w/ 5" Kol-Seal /sk @ 13.4"/gal, yield 1.69. Wash out Pump & Lines. Shut down Release Plug. Displace w/ 21.5 BBL fresh water. Final Pumping Pressure 700 PSI. Bump Plug to 1200 PSI. Wait 2 minutes. Release Pressure. Float Held. Good Cement Returns to Surface = 8 BBL Slurry to Pit. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	870.00	870.00
5406	40	MILEAGE	3.45	138.00
1126 A	135 sks	THICK SET Cement	16.00	2160.00
1110 A	675 "	KOL-SEAL 5"/SK	.39 "	263.25
1118 A	300 "	Gel Flush	.16 "	48.00
5407	7.42 Tons	Ton Mileage Bulk Truck	M/c	296.00
4404	1	4 1/2 Top Rubber Plug	43.00	43.00
			Sub Total	3818.25
			SALES TAX 6.3%	158.39
			ESTIMATED TOTAL	3976.64

Form 5737

THANK YOU
230502

AUTHORIZATION [Signature]

TITLE Domestic Co. Rep.

DATE 7-21-09