



KANSAS CORPORATION COMMISSION 1072388
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

CONFIDENTIAL

WELL COMPLETION FORM

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33539
Name: Cherokee Wells LLC
Address 1: 4916 CP BOWIE BLVD
Address 2: STE 204
City: FT WORTH State: TX Zip: 76107 + 4181
Contact Person: Emily Browning
Phone: (817) 626-9898
CONTRACTOR: License # 33072
Name: Well Refined Drilling Company, Inc.
Wellsite Geologist: N/A
Purchaser: Southeastern Kansas Pipeline

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): _____

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

Operator: Cherokee Wells, LLC
Well Name: Clinesmith A-1

Original Comp. Date: 03/20/2009 Original Total Depth: 1169
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: 1140 Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>11/15/2011</u>	<u>11/18/2011</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-205-27712-00-01
Spot Description: _____
S2 NE SE NE Sec. 22 Twp. 27 S. R. 15 East West
1874 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Wilson
Lease Name: Clinesmith Well #: A-1
Field Name: Cherokee Basin Coal Gas Area
Producing Formation: Unknown
Elevation: Ground: 864 Kelly Bushing: 864
Total Depth: 1169 Plug Back Total Depth: 1140
Amount of Surface Pipe Set and Cemented at: 21 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan
(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 #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

Letter of Confidentiality Received
Date: 01/20/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 01/20/2012