



KANSAS CORPORATION COMMISSION 1081909
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL

WELL COMPLETION FORM
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: Tracy Miller
Phone: (620) 378-3650
CONTRACTOR: License # 33072
Name: Well Refined Drilling Company, Inc.
Wellsite Geologist: NA
Purchaser: Southeastern Kansas Pipeline

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
- 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: 33539
Well Name: H. Eck A-6

Original Comp. Date: 11/28/2008 Original Total Depth: 1515

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: 1502 Plug Back Total Depth
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

04/10/2012 04/12/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-205-27715-00-01

Spot Description: _____

W2 SW Sec. 24 Twp. 27 S. R. 13 East West
1320 Feet from North / South Line of Section
660 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Wilson

Lease Name: H. Eck Well #: A-6

Field Name: _____

Producing Formation: UNKNOWN

Elevation: Ground: 1019 Kelly Bushing: 1019

Total Depth: 1515 Plug Back Total Depth: 1502

Amount of Surface Pipe Set and Cemented at: 43 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: 05/18/2012
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 05/21/2012