



**CONFIDENTIAL**

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

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

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: N/A  
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: Cherokee Wells, LLC  
Well Name: H. Eck A-4  
Original Comp. Date: 08/27/2008 Original Total Depth: 1505  
 Deepening     Re-perf.     Conv. to ENHR     Conv. to SWD  
 Conv. to GSW  
 Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled    Permit #: \_\_\_\_\_  
 Dual Completion    Permit #: \_\_\_\_\_  
 SWD    Permit #: \_\_\_\_\_  
 ENHR    Permit #: \_\_\_\_\_  
 GSW    Permit #: \_\_\_\_\_  
04/23/2012    04/27/2012  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-205-27628-00-01  
Spot Description:  
NW SE NW NW Sec. 25 Twp. 27 S. R. 13  East  West  
665 Feet from  North /  South Line of Section  
850 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-4  
Field Name: \_\_\_\_\_  
Producing Formation: Unknown  
Elevation: Ground: 1017 Kelly Bushing: 1017  
Total Depth: 1505 Plug Back Total Depth: \_\_\_\_\_  
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: 06/26/2012

Confidential Release Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT  I  II  III Approved by: NAOMI JAMES Date: 07/02/2012