



KANSAS CORPORATION COMMISSION 1090191  
OIL & GAS CONSERVATION DIVISION

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

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33539  
Name: Cherokee Wells LLC  
Address 1: 5201 CAMP BOWIE BLVD  
Address 2: STE 200  
City: FT WORTH State: TX Zip: 76107 + 4181  
Contact Person: Tracy Miller  
Phone: ( 817 ) 626-9898  
CONTRACTOR: License # 33539  
Name: Cherokee Wells LLC  
Wellsite Geologist: N/A  
Purchaser: \_\_\_\_\_

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: Kislingbury A-5  
Original Comp. Date: 09/16/2008 Original Total Depth: 1180  
 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 #: \_\_\_\_\_

|                                   |  |
|-----------------------------------|--|
| <u>05/21/2012</u>                 | <u>05/23/2012</u>  |
| Spud Date or<br>Recompletion Date | Date Reached TD<br>Completion Date or<br>Recompletion Date |

API No. 15 - 15-205-27454-00-00  
Spot Description: C SESENE  
SE SE NE Sec. 32 Twp. 28 S. R. 15  East  West  
2310 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: KISLINGBURY Well #: A-5  
Field Name: Cherokee Basin Coal Gas Area  
Producing Formation: Unknown  
Elevation: Ground: 921 Kelly Bushing: 921  
Total Depth: 1180 Plug Back Total Depth: 1166  
Amount of Surface Pipe Set and Cemented at: 42 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: \_\_\_\_\_  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: Deanna Garcia Date: 08/15/2012



1090191

Operator Name: Cherokee Wells LLC Lease Name: KISLINGBURY Well #: A-5  
 Sec. 32 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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

|   |   |
|---|---|
| Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>(If no, Submit Copy)</i><br><br>List All E. Logs Run:<br><br>High Resolution Compensated Density / Neutron Log - Previously Submitted<br>Dual Induction Log - Previously Submitted<br>Cement Bond Log - Previously Submitted | <input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name Top Datum<br>Drillers Log - Previously Submitted |
|---|---|

| CASING RECORD <input 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   | 12.25             | 8.625                     | 26                | 24.08         | Portland       | 4            |                            |
| Longstring  | 6.75              | 4.5                       | 10.5              | 1170          | Thickset       | 125          |                            |
|   |                   |                           |                   |               |                |              |                            |

| ADDITIONAL CEMENTING / SQUEEZE RECORD |                  |                |              |                            |
|---------------------------------------|------------------|----------------|--------------|----------------------------|
| Purpose:                              | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| ___ Perforate                         |                  |                |              |                            |
| ___ Protect Casing                    | -                |                |              |                            |
| ___ Plug Back TD                      |                  |                |              |                            |
| ___ Plug Off Zone                     | -                |                |              |                            |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><i>(Amount and Kind of Material Used)</i> | Depth    |
|----------------|---|--|----------|
| Attached       | Attached  | Attached   | Attached |
|                |   |  |          |
|                |   |  |          |
|                |   |  |          |

|   |           |  |                                   |
|---|-----------|--|-----------------------------------|
| 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:<br><input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i><br><input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL:<br>_____<br>_____ |
|--|--|--|

|           |                        |
|-----------|------------------------|
| Form      | ACO1 - Well Completion |
| Operator  | Cherokee Wells LLC     |
| Well Name | KISLINGBURY A-5        |
| Doc ID    | 1090191                |

Perforations

| 4 | 749.5-750.75 |  |  |
|---|--------------|--|--|
| 4 | 826.5-829    |  |  |
| 4 | 839.5-842    |  |  |
| 4 | 917-919      |  |  |
| 4 | 958.5-960    |  |  |
| 4 | 1018-1020.25 |  |  |
| 4 | 1136-1137    |  |  |
| 4 | 1148-1155    |  |  |