

CORRECTION #1

KANSAS CORPORATION COMMISSION 1094340  
OIL & GAS CONSERVATION DIVISIONForm ACO-1  
June 2009Form Must Be Typed  
Form must be Signed  
All blanks must be FilledWELL 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: ( 620 ) 378-3650  
 CONTRACTOR: License # 33539  
 Name: Cherokee Wells LLC  
 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: Willard A-5  
 Original Comp. Date: 10/08/2004 Original Total Depth: 1290  
 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 #:

06/29/2012 07/10/2012  
 Spud Date or Date Reached TD Completion Date or  
 Recompletion Date Recompletion Date

API No. 15 - 15-205-25853-00-01  
 Spot Description:  
 NW NW SW Sec. 1 Twp. 30 S. R. 14  East  West  
 2970 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: WILLARD Well #: A-5  
 Field Name: Cherokee Basin Coal Gas Area  
 Producing Formation: Unknown  
 Elevation: Ground: 934 Kelly Bushing: 934  
 Total Depth: 1290 Plug Back Total Depth: 1272  
 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 Garrison Date: 09/21/2012



1094340

Operator Name: Cherokee Wells LLC Lease Name: WILLARD Well #: A-5  
 Sec. 1 Twp. 30 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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A		
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			

List All E. Logs Run:

**CASING RECORD**  New  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

**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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
	1079.5 - 1089.5		
	376 - 383		

**TUBING RECORD:** Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. <u>07/11/2012</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i>
Estimated Production Per 24 Hours	Oil Bbls.      Gas Mcf      Water Bbls.      Gas-Oil Ratio      Gravity

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

Lease Name and Number: WILLARD A-5

API/Permit #: 15-205-25853-00-01

Doc ID: 1094340

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
API	15-205-25853-00-00	15-205-25853-00-01