CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1100511

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 # 3353	39 	API No. 15 API No. 15
Name: Cherokee Wells L	LC	0.05 01454
Address 1: 5201 CP BOWIE I		SW SW Sec. 2 Twp. 27 S. R. 13 W East Wes
Address 2; STE 200		
	State: TX Zip:76107+	660 Feet from North / South Line of Section 4181 660 Feet from East / ✓ West Line of Section
Contact Person: Tracy Miller		Footages Calculated from Nearest Outside Section Corner:
Phone: (620) 378-3650		— — □ne □nw □se ☑sw
CONTRACTOR: License # 335	539	County: Wilson
Name: Cherokee Wells LLC		Lease Name: BLACK Well #: A-1
Wellsite Geologist: N/A	and the second of the second o	Field Name:
Purchaser:		Producing Formation: Unknown
Designate Type of Completion:		Elevation: Ground: 997 Kelly Bushing: 997
New Well Re	e-Entry	Total Depth: 1847 Plug Back Total Depth:
✓ oil www	SWD SION	
Gas D&A	□ ENHR □ SIGN	
OG	☐ GSW ☐ Temp	Abd. If yes, show depth set:
CM (Coal Bed Methane)		IE A Harris at 14
	ө, Expl., etc.);	If Alternate II completion, cement circulated from:
If Workover/Re-entry: Old Well In	fo as follows:	feet depth to: w/ sx cmt.
Operator: Cherokee Wells, Li	LC	
Well Name: Black A-1		Drilling Fluid Management Plan
Original Comp. Date: 01/06/200	6 Original Total Depth: 1847	——————————————————————————————————————
Deepening Re-perf.		Chloride content:
,	Conv. to GSW	Dewatering method used:
Plug Back:		Location of fluid disposal if hauled offsite:
Commingled	Permit #:	
Dual Completion	Permit #:	I Ingrator Namo
SWD	Permit #:	1 N
ENHR	Permit #:	
GSW	Permit #:	
08/27/2012	10/03/2012	4
Spud Date or Date Rea Recompletion Date	ched TD Completion Date Recompletion Da	

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
✓	Confidential Release Date:
	Geologist Report Received UIC Distribution
AL	T I VIII Approved by: Deanna Garrison Date: 11/09/2012

Operator Name: Cherokee Wells LLC Sec. 2 Twp.27 S. R. 13 Fast		*** * * * * * * * * * * * * * * * * * *	Lease Name: BLACK		Well #: A-1			
INSTRUCTIONS: S	Show important tops a	nd base of formation	ns penetrated. Detail al	Lorge Poport all	final copies of drill s	tems tosts ni	wing interval tested	
recovery, and flow ra	nooca, noming and sn	test, along with final	ether shut-in pressure rechart(s). Attach extra s	lourd offets hards	hudraatatia aaaaa	1. 44 1	A CONTRACTOR OF THE CONTRACTOR	
-· · ·		<u> </u>	-··	·			<u></u> <u></u>	
Drill Stem Tests Taken (Attach Additional Sheets)		_ Yes ✓ I	No ' ["]	Log Formation (Top), D)atum	Sample	
Samples Sent to Geological Survey		Yes ✓ I	No.	Name N/A		Гор	Datum	
FI (C) A G (C) C (C) C		Yes ✓ n ✓ Yes ☐ n ✓ Yes ☐ n	No No					
List All E. Logs Run:			İ					
Cement Bond Log			l i					
			SING RECORD No set-conductor, surface, in	New : Used Intermediate production	n 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	
		ļ					· · · · · · · · · · · · · · · · · · ·	
			i	<u></u>	<u> </u>			
Purpose:		ADDITIO	DNAL CEMENTING / SQ	UEEZE RECORD				
Purpose: Depth Top Bottom		Type of Cement	# Sacks Used	Type and Percent Additives				
Protect Casing Plug Back TD	-				·	<u></u>	-	
Plug Off Zone	-							
				<u> </u>		·		
Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Ty Specify Footage of Each Interval Perforated				Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth				
·	1815.5 - 1821							
····			- <u></u>					
TUBING RECORD:	 Size:	Set At:		! 				
···			Packer At;	Liner Run;	Yes No			
Date of First, Resumed	Production, SWD or EN	dR. Producing		Gas Lift Othe	er (Explain)			
Estimated Production Per 24 Hours	Oil B	Bbls. Gas	Mcf Wate	er Bbls.	Gas-O	il Ratio	Gravity	
DISPOSITIO	ON OF GAS:		METHOD OF COMPLE	ETION:	DI	RODUCTION IN	NITEDWAL	
Vented Sold (If vented, Sub-	Used on Lease	Open Hole	Perf, Dually (Submit A	Comp. [] Commi	ngled		TERVAL!	
	,	Other (Specify	ر ـــــ ــــــ ـــــــ ــــــــ	<u></u> .				

Summary of Changes

Lease Name and Number: BLACK A-1

API/Permit #: 15-205-26230-00-01

Doc ID: 1100511

Correction Number: 1

Approved By: Deanna Garrison

Field Name Previous Value New Value

API 15-205-26230-00-00 15-205-26230-00-01