



KANSAS CORPORATION COMMISSION 1108611
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: PO BOX 296
Address 2:
City: FREDONIA State: KS Zip: 66736 +
Contact Person: TRACY MILLER
Phone: (620) 378-3650
CONTRACTOR: License # 33539
Name: Cherokee Wells LLC
Wellsite Geologist: N/A
Purchaser:

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SIOW
 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: REMINGTON FINANCIAL CORPORATION
Well Name: CLAY BRAMAN 20

Original Comp. Date: 02/19/1985 Original Total Depth: 1125
 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 #:

10/10/2012 10/18/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-205-24116-00-01
Spot Description:
NW NE NW NW Sec. 6 Twp. 27 S. R. 16 East West
165 Feet from North / South Line of Section
843 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Wilson
Lease Name: CLAY BRAMAN Well #: 20
Field Name:
Producing Formation: Unknown
Elevation: Ground: 912 Kelly Bushing: 907
Total Depth: 1125 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 24 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: 01/23/2013



1108611

Operator Name: Cherokee Wells LLC Lease Name: CLAY BRAMAN Well #: 20
Sec. 6 Twp. 27 S. R. 16 [X] 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 Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken [] Yes [X] No [] Log Formation (Top), Depth and Datum [] Sample
Samples Sent to Geological Survey [] Yes [X] No Name Top Datum
Cores Taken [] Yes [X] No
Electric Log Run [] Yes [X] No
Electric Log Submitted Electronically [] Yes [] No
List All E. Logs Run:

CASING RECORD [] New [] Used
Report all strings set-conductor, surface, intermediate, production, etc.
Table with columns: 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
Table with columns: Purpose (Perforate, Protect Casing, Plug Back TD, Plug Off Zone), Depth Top Bottom, Type of Cement, # Sacks Used, Type and Percent Additives

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated
Table with columns: Shots Per Foot, Interval (807-811, 818-821, 1022-1026, 1033-1036), Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used), Depth

TUBING RECORD: Size: Set At: Packer At: Liner Run: [] Yes [] No

Date of First, Resumed Production, SWD or ENHR. Producing Method: [] Flowing [] Pumping [] Gas Lift [] Other (Explain)

Estimated Production Per 24 Hours
Table with columns: Oil Bbls., Gas Mcf, Water Bbls., Gas-Oil Ratio, Gravity

DISPOSITION OF GAS: [] Vented [] Sold [] Used on Lease (If vented, Submit ACO-18.)
METHOD OF COMPLETION: [] Open Hole [] Perf. [] Dually Comp. (Submit ACO-5) [] Commingled (Submit ACO-4) [] Other (Specify)
PRODUCTION INTERVAL: