

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1108606

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	API No. 15 - 15-205-27395-00-01
Name: Cherokee Wells LLC	Spot Description: C E2SESW
Address 1: PO BOX 296	W2_E2_SE_SW Sec. 17 Twp. 28 S. R. 14 ▼ East West
Address 2:	660 Feet from North / South Line of Section
City: FREDONIA State: KS Zip: 66736 +	Feet from
Contact Person: TRACY MILLER Phone: (620) 378-3650	Footages Calculated from Nearest Outside Section Corner:
CONTRACTOR: License #33539	County: Wilson
Name: Cherokee Wells LLC	Lease Name: Well #: A-1
Wellsite Geologist: N/A	Field Name:
Purchaser:	Producing Formation: Unknown
Designate Type of Completion:	Elevation: Ground: 1010 Kelly Bushing: 1010
New Well Re-Entry ✓ Workover	Total Depth: 1380 Plug Back Total Depth:
Oil	Amount of Surface Pipe Set and Cemented at: Multiple Stage Cementing Collar Used? If yes, show depth set: If Alternate II completion, cement circulated from: feet depth to: w/ sx cmt.
If Workover/Re-entry: Old Well Info as follows:	
Operator: CHEROKEE WELLS, LLC Well Name: BARNETT A-1	Drilling Fluid Management Plan (Date must be collected from the Reserve Pit)
Original Comp. Date: 07/31/2008 Original Total Depth: 1380 Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
SWD Permit#:	Lease Name: License #:
ENHR Permit#:	QuarterSecTwpS. REastWest
GSW Permit#:	County: Permit #:
09/24/2012 10/16/2012	
Spud Date or Date Reached TD Completion Date or Recompletion Date	

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 I II Approved by: Dearna Garrison Date: 01/23/2013	

Side Two

1108606

Operator Name: Cherokee Wells LLC BARNETT Lease Name: . Well #: _A-1 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 √ No Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum Samples Sent to Geological Survey **✓** No Yes Yes N/A Cores Taken Yes ✓ No Electric Log Run Yes No Electric Log Submitted Electronically Yes ☐ No (If no, Submit Copy) List All E. Logs Run: CASING RECORD ☐ New Report all strings set-conductor, surface, intermediate, production, etc. Size Casing Size Hole Weight Purpose of String Setting Type of # Sacks Type and Percent Drilled Set (In O.D.) Lbs. / Ft. Depth Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose Depth Type of Cement # Sacks Used Type and Percent Additives **Top Bottom** Perforate Protect Casing Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Shots Per Foot Acid, Fracture, Shot, Cement Squeeze Record Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth 1346.5 - 1350 1067 - 1078.5 550.5 - 555.5 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 Oil Bbis. Mcf Water Bhis Gas-Oil Ratio Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: PRODUCTION INTERVAL: Open Hote Perf. Vented Sold Used on Lease Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)