

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 33074
Name: Dart Cherokee Basin Operating Co., LLC
Address: P O Box 177
City/State/Zip: Mason MI 48854-0177
Purchaser: Oneok
Operator Contact Person: Beth Oswald
Phone: (517) 244-8716
Contractor: Name: McPherson
License: 5675
Wellsite Geologist: Bill Barks

Designate Type of Completion:
☒ New Well ☐ Re-Entry ☐ Workover
☐ Oil ☐ SWD ☐ SIOW ☐ Temp. Abd.
☒ Gas ☐ ENHR ☐ SIGW
☐ Dry ☐ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
☐ Deepening ☐ Re-perf. ☐ Conv. to Enhr./SWD
☐ Plug Back _____ Plug Back Total Depth _____
☐ Commingled _____ Docket No. _____
☐ Dual Completion _____ Docket No. _____
☐ Other (SWD or Enhr.?) _____ Docket No. _____

4-8-04 4-12-04 4-16-04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 205-25732-00-00

County: Wilson

SW SW SE Sec. 25 Twp. 29 S. R. 14 ☒ East ☐ West

330' FSL _____ feet from S / N (circle one) Line of Section

2300' FEL _____ feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: B Neill Well #: D3-25

Field Name: Cherokee Basin Coal Gas Area

Producing Formation: Penn Coals

Elevation: Ground: 900' Kelly Bushing: _____

Total Depth: 1283' Plug Back Total Depth: 1278'

Amount of Surface Pipe Set and Cemented at 43' 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 No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Beth Oswald

Title: Admin & Engr Asst Date: 7-20-04

Subscribed and sworn to before me this 20th day of July

2004

Notary Public: Karen L. Welton

Date Commission Expires: _____

KAREN L. WELTON
Notary Public - Michigan
Ingham County
My Commission Expires Mar 3, 2007
Acting in the County of Ingham

KCC Office Use ONLY

____ Letter of Confidentiality Attached

If Denied, Yes ☐ Date: _____

____ Wireline Log Received

____ Geologist Report Received

____ UIC Distribution

ORIGINAL

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: B Neill Well #: D3-25
 Sec. 25 Twp. 29 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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run: High Resolution Compensated Density Neutron & Dual Induction	Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum See Attached
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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
Surf	11"	8 5/8"		43'	Class A	10	
Prod	6 3/4"	4 1/2"	9.5#	1278'	50/50 Poz	170	See Attached

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth										
	See Attached												
	RECEIVED												
	JUL 22 2004												
	KCC WICHITA												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">TUBING RECORD</th> <th style="width: 15%;">Size</th> <th style="width: 15%;">Set At</th> <th style="width: 15%;">Packer At</th> <th style="width: 30%;">Liner Run</th> </tr> <tr> <td> </td> <td>2 3/8"</td> <td>1268'</td> <td>NA</td> <td>Yes <input checked="" type="checkbox"/> No</td> </tr> </table>				TUBING RECORD	Size	Set At	Packer At	Liner Run		2 3/8"	1268'	NA	Yes <input checked="" type="checkbox"/> No
TUBING RECORD	Size	Set At	Packer At	Liner Run									
	2 3/8"	1268'	NA	Yes <input checked="" type="checkbox"/> No									
Date of First, Resumed Production, SWD or Enhr. 7-3-04		Producing Method Flowing <input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)											
Estimated Production Per 24 Hours	Oil Bbls. NA	Gas Mcf 3	Water Bbls. 49 Gas-Oil Ratio NA Gravity NA										

Disposition of Gas ☐ Vented ☐ Sold ☐ Used on Lease ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled ☐ Other (Specify) _____

(If vented, Submit ACO-18.)