

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32912
Name: Carroll Energy, LLC
Address: 2198 Valley High Dr
City/State/Zip: Independence, KS 67301
Purchaser: Dart Energy
Operator Contact Person: Terry Carroll
Phone: (620) 331-7166
Contractor: Name: James D. Lorenz
License: 9313

Wellsite Geologist: _____

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. _____

| | | |
|-----------------------------------|-----------------|---|
| <u>6/4/04</u> | <u>6/5/04</u> | <u>6/25/04</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - ⁵⁰205-20511-0000

County: Wilson

S/2 - N/2 - SE - Sec. 1 Twp. 29 S. R. 15 ☒ East ☐ West

1680 feet from (S) / N (circle one) Line of Section

1320 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE (SE) NW SW

Lease Name: Norman Eisele Well #: C-1

Field Name: Fredonia

Producing Formation: Coals

Elevation: Ground: 922 Kelly Bushing: 910

Total Depth: 1242 Plug Back Total Depth: 1242

Amount of Surface Pipe Set and Cemented at 20' Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set N/A Feet

If Alternate II completion, cement circulated from 1242

feet depth to Surface w/ 150 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content N/A ppm Fluid volume N/A bbls

Dewatering method used N/A

Location of fluid disposal if hauled offsite:

Operator Name: N/A

Lease Name: N/A License No.: N/A

Quarter N/A Sec. N/A Twp. N/A S. R. N/A ☐ East ☐ West

County: N/A Docket No.: N/A

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: _____

Title: Operating Manager Date: 10-11-04

Subscribed and sworn to before me this 9 day of October

2004

Notary Public: _____

Date Commission Expires: _____

TIM CARROLL
Notary Public - State of Kansas
My Appt. Expires 9-20-2005

KCC Office Use ONLY

☐ Letter of Confidentiality Attached

If Denied, Yes ☐ Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

Operator Name: Carroll Energy, LLC Lease Name: Norman Eisele Well #: C-1
 Sec. 1 Twp. 29 S. R. 15 ☒ 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 ☐ Yes ☒ No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☒ Yes ☐ No
 (Submit Copy)

List All E. Logs Run:

Radioactivity, Dual Induction, High Resolution
 Compensated Density

☒ Log Formation (Top), Depth and Datum ☐ Sample
 Name Top Datum
 Pink 711 Lime
 Oswego 766 Lime
 Mulky 800 Shale
 Mississippi 1152 Lime

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 |
|-------------------|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| Surface | 11" | 8 5/8 | 32 | 20' | Port | 4 | |
| Production | 6 3/4 | 4 1/2 | 9.5 | 1242' | Port | 150 | OWC |
| | | | | | | | |

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 (Amount and Kind of Material Used) | Depth |
|----------------|---|---|-----------|
| 2 | 3 1/8" Slick Tag Gun 786'-793' | 60 sx 20/40 Frac Sand | 786'-793' |
| 2 | 3 1/8" Slick Tag Gun 800'-807' | 60 sx 20/40 Frac Sand | 800'-807' |
| | | | |
| | | | |

| TUBING RECORD | Size | Set At | Packer At | Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|--|---------|-------------|---|
| | 2 3/8 | 900 | N/A | |
| Date of First, Resumed Production, SWD or Enhr. 6/22/04 | Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) | | | |
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio Gravity |
| | | 25 | 55 | |

Disposition of Gas

METHOD OF COMPLETION

Production Interval

☐ Vented ☒ Sold ☐ Used on Lease
 (If vented, Submit ACO-18.)

☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other (Specify)