

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1  
September 1999  
Form Must Be Typed

Operator: License # 33074  
Name: Dart Cherokee Basin Operating Co., LLC  
Address: P O Box 177  
City/State/Zip: Mason MI 48854-0177  
Purchaser: Oneck  
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. \_\_\_\_\_

<u>2-20-04</u>	<u>2-24-04</u>	<u>2-27-04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 205-25708-00-00

County: Wilson

SE Sec. 17 Twp. 30 S. R. 15 ☒ East ☐ West

660' FSL \_\_\_\_\_ feet from S / N (circle one) Line of Section

660' 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 #: D4-17

Field Name: Cherokee Basin Coal Gas Area

Producing Formation: Penn Coals

Elevation: Ground: 978' Kelly Bushing: \_\_\_\_\_

Total Depth: 1425' Plug Back Total Depth: 1418'

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 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: Admn & Engr Asst Date: 4-1-04

Subscribed and sworn to before me this 1st day of April

2004

Notary Pub: Karen L. Welton

Date Commission Expires: My Comm. Expires Mar. 3, 2007

**KCC Office Use ONLY**

ND Letter of Confidentiality Attached

If Denied, Yes ☐ Date: \_\_\_\_\_

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: B Neill Well #: D4-17  
 Sec. 17 Twp. 30 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:

High Resolution Compensated Density Neutron &  
 Dual Induction

Log Formation (Top), Depth and Datum ☒ Sample  
 Name Top Datum  
 See Attached

RECEIVED  
 APR 05 2004  
 KCC WICHITA

CASING RECORD <span style="float: right;">New Used</span>							
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"		24'	Class A	5	
Prod	6 3/4"	4 1/2"	9.5#	1418'	50/50 Poz	180	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
4	1272'-1273'	300 gal 10% HCl, 1635# sd, 250 BBL fl	
4	1087'-1089'	300 gal 10% HCl, 1690# sd, 220 BBL fl	
4	1024.5'-1025.5'	300 gal 10% HCl, 1690# sd, 220 BBL fl	
4	974'-977'	300 gal 10% HCl, 6050# sd, 410 BBL fl	
4	863.5'-864.5'	300 gal 10% HCl, 1690# sd, 220 BBL fl	
TUBING RECORD <span style="float: right;">Size Set At</span>		Liner Run <span style="float: right;">Yes <input checked="" type="checkbox"/> No</span>	
2 3/8" 1393'		NA	
Date of First, Resumed Production, SWD or Enhr. 3-17-04		Producing Method <span style="float: right;">Flowing <input checked="" type="checkbox"/> Pumping Gas Lift Other (Explain)</span>	
Estimated Production Per 24 Hours	Oil Bbls. NA	Gas Mcf 0	Water Bbls. 45
			Gas-Oil Ratio NA
			Gravity NA

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) \_\_\_\_\_