

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: 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 ☐ SLOW ☐ 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. _____

4-29-04 5-4-04 5-10-04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 205-25787-00-00
County: Wilson

W2 SE SE NW Sec. 26 Twp. 30 S. R. 15 ☒ East ☐ West
3075' FSL feet from S / N (circle one) Line of Section
3200' 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: Almond et al Well #: B2-26A

Field Name: Cherokee Basin Coal Gas Area

Producing Formation: Penn Coals

Elevation: Ground: 975' Kelly Bushing: _____

Total Depth: 1188' Plug Back Total Depth: 1185'

Amount of Surface Pipe Set and Cemented at 22' 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 NA ppm Fluid volume 60 bbls

Dewatering method used empty w/ vac trk and air dry

Location of fluid disposal if hauled offsite:

Operator Name: Dart Cherokee Basin Operating

Lease Name: Orr A1-28 SWD License No.: 33074

Quarter NW Sec. 28 Twp. 30 S. R. 15 ☒ East ☐ West

County: Wilson Docket No.: D-28282

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: 9-16-04

Subscribed and sworn to before me this 16th day of September

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

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: Almond et al Well #: B2-26A
 Sec. 26 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

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"		22'	Class A	6	
Prod	6 3/4"	4 1/2"	10.5#	1185'	50/50 Poz	155	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	1135'-1136.5'	300 gal 10% HCl, 2345# sd, 240 BBL fl	
4	1080.5'-1081.5'	300 gal 10% HCl, 1835# sd, 245 BBL fl	
4	979'-980.5'	300 gal 10% HCl	
4	916'-918.5'	300 gal 10% HCl, 5070# sd, 375 BBL fl	
4	800.5'-801.5'	300 gal 10% HCl, 1810# sd, 245 BBL fl	
TUBING RECORD		Liner Run	
Size 2 3/8	Set At 1170'	Packer At NA	Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 5-27-04		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 0	Water Bbls. 33
		Gas-Oil Ratio NA	Gravity NA

Disposition of Gas

METHOD OF COMPLETION

Production Interval

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

☐ Open Hole ☐ Perf.
☐ Other (Specify) _____

Dually Comp.

☐ Commingled _____