

ORIGINAL

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

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. _____

5-10-04 5-12-04 5-19-04

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 125-30467-00-00

County: Montgomery

NE SE NW Sec. 24 Twp. 31 S. R. 14 ☒ East ☐ West

3650' 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: Twin Valley Enterprises Well #: B2-24

Field Name: Cherokee Basin Coal Gas Area

Producing Formation: Penn Coals

Elevation: Ground: 931' Kelly Bushing: _____

Total Depth: 1526' Plug Back Total Depth: 1523'

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 114 bbls

Dewatering method used empty w/ vac trk and air dry

Location of fluid disposal if hauled offsite:

Operator Name: Dart Cherokee Basin Operating Co LLC

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

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

County: Montgomery 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: 6-25-04

Subscribed and sworn to before me this 25th day of June

2004

Notary Public: Karen L. Welton

Date Commission Expires: _____

Karen L. Welton
Notary Public, Ingham County, MI
My Comm. Expires Mar. 3, 2007
Acting in Ingham County

KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes ☐ Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ORIGINAL

Side Two

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: Twin Valley Enterprises Well #: B2-24
Sec. 24 Twp. 31 S. R. 14 ☒ East ☐ West County: Montgomery

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

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	5	
Prod	6 3/4"	4 1/2"	10.5#	1523'	50/50 Poz	200	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	1355'-1356'	300 gal 10% HCl, 1660# sd, 230 BBL fl	
4	1205.5'-1206.5'	300 gal 10% HCl, 605# sd, 285 BBL fl	
4	1137'-1139'	300 gal 10% HCl, 1675# sd, 225 BBL fl	
4	1073.5'-1075.5'	300 gal 10% HCl, 2400# sd, 240 BBL fl	
4	1041'-1043.5'	300 gal 10% HCl, 5235# sd, 365 BBL fl	

TUBING RECORD	Size	Set At	Packer At	Liner Run	Yes	No
	2 3/8"	1474'	NA		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date of First, Resumed Production, SWD or Enhr.	Producing Method					
6-8-04	Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) <input type="checkbox"/>					
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	
	NA	5	53	NA	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) _____