

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. _____

| | | |
|-----------------------------------|-----------------|---|
| <u>6-24-03</u> | <u>6-26-03</u> | <u>7-18-03</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

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API No. 15 - 125-30297-00-00
 County: Montgomery
SE NW SW Sec. 8 Twp. 31 S. R. 16 East West
1400' FSL feet from S / N (circle one) Line of Section
4300' 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: Wertz Well #: C1-8
 Field Name: Neodesha
 Producing Formation: Penn Coals
 Elevation: Ground: 784' Kelly Bushing: _____
 Total Depth: 1200' Plug Back Total Depth: 1195'
 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 NA bbls
 Dewatering method used no fl in pit
 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: 3-2-04
 Subscribed and sworn to before me this 2nd day of March,
2004.
 Notary Public: Karen L. Welton
 Date Commission Expires: _____
Karen L. Welton
Notary Public, Ingham County, MI
My Comm. Expires Mar. 3, 2007

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: Wertz Well #: C1-8
 Sec. 8 Twp. 31 S. R. 16 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

Log Formation (Top), Depth and Datum 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 | 50 | |
| Prod | 6 3/4" | 4 1/2" | 10.5 | 1195' | 50/50 Poz | 150 | 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 |
|----------------|---|---|-------|
| 6 | 849'-851' | 300 gal 12% HCl, 2910# sd, 275 BBL fl | |
| 6 | 762'-763' | 300 gal 12% HCl, 1540# sd, 210 BBL fl | |
| 6 | 702.5'-703.5' | 300 gal 12% HCl, 1580# sd, 210 BBL fl | |
| 6 | 674'-678.5' | 300 gal 12% HCl, 7200# sd, 420 BBL fl | |

| TUBING RECORD | Size | Set At | Packer At | Liner Run |
|---------------|--------|--------|-----------|---|
| | 2 3/8" | 1156' | NA | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| Date of First, Resumed Production, SWD or Enhr. | Producing Method |
|---|---|
| 7-19-03 | Flowing <input type="checkbox"/> Pumping <input checked="" 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 | 0 | 46 | NA | NA |

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

METHOD OF COMPLETION _____

Production Interval _____