

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

ORIGINAL

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

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FEB 26 2004

KCC WICHITA

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. _____

<u>5-3-03</u>	<u>5-5-03</u>	<u>6-7-03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-30296-00-00
County: Montgomery
NE SE NW Sec. 6 Twp. 31 S. R. 16 East West
3568' FSL feet from S N (circle one) Line of Section
3000' 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: Newby Trust Well #: B2-6
Field Name: Neodesha

Producing Formation: Penn Coals
Elevation: Ground: 821' Kelly Bushing: _____
Total Depth: 1246' Plug Back Total Depth: 1240'
Amount of Surface Pipe Set and Cemented at 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1240
feet depth to 0 w/ 160 sx cmt.

Drilling Fluid Management Plan Attention 4-20-04
(Data must be collected from the Reserve Pit)

Chloride content NA ppm Fluid volume 450 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: Adee B1-8 SWD License No.: 33074
Quarter NW Sec. 8 Twp. 31 S. R. 16 East West
County: Montgomery Docket No.: D-28237

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: 2-23-04
Subscribed and sworn to before me this 23rd day of February,
2004.
Notary Public: Karen L. Welton
Date Commission Expires: My Comm. Expires Mar. 3, 2007

KCC Office Use ONLY
No Letter of Confidentiality Attached
If Denied, Yes Date: _____
Yes Wireline Log Received
No Geologist Report Received
____ UIC Distribution

ORIGINAL

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: Newby Trust Well #: B2-6
 Sec. 6 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: High Resolution Compensated Density Neutron	Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum See Attached <div style="text-align: center;"> RECEIVED FEB 26 2004 KCC WICHITA </div>
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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"		20'	Class A	4	
Prod	6 3/4"	4 1/2"	10.5	1240'	50/50 Poz	160	

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
				Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8"	1220'	NA	Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		Producing Method			
7-1-03		Flowing <input type="checkbox"/> Pumping <input checked="" type="checkbox"/>		Gas Lift	Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	NA	33	20	NA	NA

Disposition of Gas Vented Sold Used on Lease *(If vented, Sumit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled _____

Production Interval Other (Specify) _____

ORIGINAL

Dart Cherokee Basin Operating Co LLC #33074
Newby Trust B2-6 API # 15-125-30296-00-00
NE SE NW Sec 6 T31S-R16E
Attachment to ACO-1 Well Completion Form

Shots Per Foot	Perforation Record	Acid, Fracture, Shot, Cement Squeeze Record	Depth
6	1096'-1098.5'	300 gal 12% HCl, 3830# sd, 285 BBL fl	
6	937'-938'	300 gal 12% HCl, 600# sd, 150 BBL fl	
6	911'-915'	300 gal 12% HCl, 6020# sd, 400 BBL fl	
6	826.5'-827.5'	300 gal 12% HCl, 130 BBL fl	
6	762.5'-764'	300 gal 12% HCl, 2285# sd, 270 BBL fl	
6	729'-733.5'	300 gal 12% HCl, 6870# sd, 440 BBL fl	

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McPherson Drilling LLC Drillers Log

ORIGINAL

Rig Number: 3	S. 6 T. 31 S R. 16. E
API No. 15- 125-30296-000	County: Montgomery
Elev. 821'	Location: NE SE NW

Operator: Dart Cherokee Basin Operating Co. LLC
Address: P.O. Box 177 Mason, MI 48854-0177
Well No: B2-6 Lease Name: Newby Trust
Footage Location: 3568 ft. from the South Line 3000 ft. from the East Line
Drilling Contractor: McPherson Drilling LLC
Spud date: 5/3/03 Geologist: Bill Barks
Date Completed: 5/5/03 Total Depth: 1246'

Gas Tests:

Casing Record			Rig Time:
Size Hole:	Surface 11"	Production 6 3/4"	2 hrs. gas tests RECEIVED FEB 26 2004 KCC WICHITA
Size Casing:	8 5/8"		
Weight:	20#		
Setting Depth:	20'	McPherson	
Type Cement:	Portland		
Sacks:	4 sacks	McPherson	

Remarks:

Start injecting water @ 40'

Well Log									
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.	
top soil	0	10	1st Oswego	676	701	odor sand/shale	1077	1089	
shale	10	65	Summit	701	711	coal	1089	1091	
coal	65	66	2nd Oswego	711	722	shale	1091	1110	
lime	66	71	Mulky	722	731	Mississippi	1110	1246	TD
shale	71	116	3rd Oswego	731	735				
lime	116	119	shale	735	758				
shale	119	129	coal	758	759				
lime	129	141	shale	759	811				
shale	141	160	coal	811	812				
lime	160	205	sand/shale	812	821				
shale	205	271	coal	821	825				
lime	271	305	sand/shale	825	882				
shale	305	355	coal	882	884				
lime	355	363	shale	884	910				
shale	363	413	coal	910	912				
lime	413	436	sand/shale	912	932				
shale	436	456	coal	932	934				
lime	456	466	shale	934	964				
shale	466	471	oil sand	964	988				
sand	471	480 no sho	water sand	988	1017				
sand/shale	480	583	oil sand	1017	1032				
pink lime	583	605 oil odor	sand	1032	1075 no sho				
shale	605	676	coal	1075	1077				

making a lot of water @ 1029'
too much water to test

CONSOLIDATED OIL WELL SERVICES, INC.

211 W. 14TH STREET, CHANUTE, KS 66720

620-431-9210 OR 800-467-8676

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ORIGINAL

FEB 26 2004

TICKET NUMBER 29237

LOCATION Bartlesville

FOREMAN Tracy Williams

KCC WICHITA

TREATMENT REPORT

DATE	CUSTOMER #	WELL NAME	FORMATION
2-12-03	2368	Denny Trust 2368	
SECTION	TOWNSHIP	RANGE	COUNTY
6	31 S	16 E	Montgomery
CUSTOMER			
Dart			
MAILING ADDRESS			
CITY			
STATE		ZIP CODE	
TIME ARRIVED ON LOCATION			
WELL DATA			
HOLE SIZE	11"	PACKER DEPTH	
TOTAL DEPTH	22 1/2'	PERFORATIONS	
		SHOTS/FT	
CASING SIZE	4 1/2"	OPEN HOLE	
CASING DEPTH	22'		
CASING WEIGHT		TUBING SIZE	
CASING CONDITION		TUBING DEPTH	
		TUBING WEIGHT	
		TUBING CONDITION	
TREATMENT VIA			

TRUCK #	DRIVER	TRUCK #	DRIVER
418	Tom		
409	Ray		
285	Mark		

TYPE OF TREATMENT

<input checked="" type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISF. PUMP	<input type="checkbox"/>
<input type="checkbox"/> OTHER	<input type="checkbox"/>

PRESSURE LIMITATIONS

	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTION PRIOR TO JOB Broke circulation & washed 10 bbl ground. Ran 25 sks of cement & displaced to 15' Shut in well. Bob

AUTHORIZATION TO PROCEED

TITLE

DATE

TIME	STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND/STAGE	PSI	
							BREAKDOWN PRESSURE
							DISPLACEMENT
							MIX PRESSURE
							MIN PRESSURE
							ISIP
							15 MIN
							MAX RATE
							MIN RATE

196052



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OIL WELL
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AN INFINITY COMPANY

211 W. 14TH STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

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KCC WICHITA

ORIGINAL

TICKET NUMBER 22303

LOCATION Barthesville

FIELD TICKET

DATE 8-12-03	CUSTOMER ACCT # 2368	WELL NAME Nobby Trust B-6	QTR/QTR	SECTION 6	TWP 31S	RGE 16 E	COUNTY Montgomery	FORMATION
CHARGE TO Dart				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401	1	PUMP CHARGE Surface Casing		525.00
1102 1105	171.000 1.5000-036-2761	Calcium Chloride Cottonseed Huffs		34.00 15.95
5407	min	BLENDING & HANDLING TON-MILES STAND BY TIME MILEAGE		190.00
5502	2 1/2 hrs	WATER TRANSPORTS VACUUM TRUCKS FRAC SAND		175.00
1104	25 sks	CEMENT		805.00
			SALES TAX	13.15
ESTIMATED TOTAL				1142.15

Ravin 2790

CUSTOMER or AGENTS SIGNATURE

Will Bates

CIS FOREMAN

Tracy Williams

CUSTOMER or AGENT (PLEASE PRINT)

DATE

186052

CONSOLIDATED OIL WELL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TREATMENT REPORT

FOREMAN DJG

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 FEB 26 2004
 KCC WICHITA

ORIGINAL

TICKET NUMBER **22891**
 LOCATION Bulle

Tim 917
 Jeff 4226
 Kent 90

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
5-6-03	2368	Newby Unit # B2-6		6	31	16	MONT	
CHARGE TO				OWNER				
MAILING ADDRESS				OPERATOR				
CITY				CONTRACTOR				
STATE				DISTANCE TO LOCATION				
ZIP CODE				TIME ARRIVED ON LOCATION				
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA	
HOLE SIZE	6 3/4
TOTAL DEPTH	1296
CASING SIZE	4 1/2
CASING DEPTH	1281
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	3400
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	
INSTRUCTION PRIOR TO JOB	

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS		
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

JOB SUMMARY

ran wireline a head
 est. circ - ran 2 st gel/hulls ahead of 10 BBL
 FOAMER MUD FLUSH followed by 10 BBL clean water
 ran 160 st 50/50 5# Gic, 5% salt, 2% gel, 1/2 # F/S w/hulls -
 shut down - washed out liner + pump - dropped plug -
 displaced to bottom + set - shut in -
 Landed plug @ 1200# - circ. cmt. to surface @ 13.5 PPG
 Can cement slurry

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN-BPM	
INITIAL BPM	
FINAL BPM	
MINIMUM BPM	
MAXIMUM BPM	
AVERAGE BPM	

AUTHORIZATION TO PROCEED William Babel TITLE _____ DATE _____



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211 W. 14TH STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

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KCC WICHITA

ORIGINAL

TICKET NUMBER 20408

LOCATION B'ville

FIELD TICKET

DATE 5-6-03	CUSTOMER ACCT # 2368	WELL NAME Newby West #826	QTR/QTR	SECTION 0	TWP 31	RGE 16	COUNTY Mont.	FORMATION
CHARGE TO DART				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401	1	PUMP CHARGE LONGSTRING		525.00
1110	16 sk	GILSONITE	*	310.40
1111	400#	SACT	*	40.00
1118	5 sk	GEL	*	59.00
1107	3 sk	FLO SEW	*	113.25
1105	1 sk	HULLS	*	12.95
4404	1 ea	4 1/2 rubber plug	*	27.00
1238	1 GAL	FOAMER	*	30.00
1123	5400 GAL	CITY H ₂ O	*	60.75
		(from indep)		
		BLENDING & HANDLING		
5407	MIN	TON-MILES		190.00
		STAND BY TIME		
		MILEAGE		
5501	4 HR	WATER TRANSPORTS		300.00
		VACUUM TRUCKS		
		FRAC SAND		
1124	160 sk	CEMENT 50/50	*	1032.00
			*SALES TAX	91.04

Ravin 2790

ESTIMATED TOTAL 2791.39

CUSTOMER or AGENTS SIGNATURE William F. Bate

CIS FOREMAN Jeff Graham

CUSTOMER or AGENT (PLEASE PRINT)

DATE

183906