

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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MAR 01 2004
KCC WICHITA

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>6-12-03</u>	<u>6-14-03</u>	<u>7-10-03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 205-25626-00-00
County: Wilson
____ SE ____ NW ____ SE Sec. 36 Twp. 30 S. R. 15 East West
1750' FSL feet from (S) N (circle one) Line of Section
1950' 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: A Small Well #: C3-36
Field Name: Neodesha
Producing Formation: Penn Coals
Elevation: Ground: 842' Kelly Bushing: _____
Total Depth: 1246' Plug Back Total Depth: 1241'
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 1241
feet depth to 0 w/ 160 sx cmt.

Drilling Fluid Management Plan All in well 5.4.04
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume 0 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: 2-27-04
Subscribed and sworn to before me this 27th day of February,
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
No Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
No Geologist Report Received
____ UIC Distribution

ORIGINAL

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: A Small Well #: C3-36
 Sec. 36 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 <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 & Dual Induction GR	Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum See Attached <div style="text-align: center;"> RECEIVED MAR 01 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	1241'	50/50 Poz	160	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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
6	1093.5'-1095'		300 gal 12% HCl, 2240# sd, 210 BBL fl	
6	926'-927'		300 gal 12% HCl, 1550# sd, 205 BBL fl	
6	803.5'-804.5'		300 gal 12 HCl, 1540# sd, 200 BBL fl	
6	747'-748'		300 gal 12% HCl, 1560# sd, 200 BBL fl	
6	711'-716'		300 gal 12% HCl, 7875# sd, 477 BBL fl	

TUBING RECORD	Size <u>2 3/8"</u>	Set At <u>1210'</u>	Packer At <u>NA</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. <u>7-16-03</u>	Producing Method			
	Flowing	<input checked="" type="checkbox"/> Pumping	Gas Lift	Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	NA	0	45	NA	NA

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
(If vented, Sumit ACO-18.) Other (Specify) _____



CONSOLIDATED
OIL WELL
SERVICES
AN INFINITY COMPANY

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

RECEIVED

MAR 01 2004

KCC WICHITA

ORIGINAL

TICKET NUMBER 20669

LOCATION *B'ville*

FIELD TICKET

DATE <i>6-18-03</i>	CUSTOMER ACCT # <i>2368</i>	WELL NAME <i>A. Small C3-36</i>	QTR/QTR	SECTION <i>36</i>	TWP <i>30</i>	RGE <i>15</i>	COUNTY <i>Wichita</i>	FORMATION
CHARGE TO <i>DART</i>				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
<i>5401</i>	<i>1</i>	PUMP CHARGE <i>LONGSTRING</i>		<i>525.00</i>
<i>1110</i>	<i>16 SK</i>	<i>GILSONITO</i>	<i>X</i>	<i>310.40</i>
<i>1111</i>	<i>400 #</i>	<i>SALT</i>	<i>X</i>	<i>40.00</i>
<i>1118</i>	<i>5 SK</i>	<i>GEL</i>	<i>X</i>	<i>59.00</i>
<i>1107</i>	<i>3 SK</i>	<i>PLD Seal</i>	<i>X</i>	<i>113.25</i>
<i>4404</i>	<i>1 pc.</i>	<i>4 1/2 rubber plug</i>	<i>X</i>	<i>27.00</i>
<i>1238</i>	<i>1 GAL</i>	<i>FOAMER</i>	<i>X</i>	<i>30.00</i>
<i>1205.10</i>	<i>1 1/2 GAL</i>	<i>BI-CIDE</i>	<i>X</i>	<i>33.75</i>
<i>1123.10</i>	<i>5400 GAL</i>	<i>CITY H₂O</i>	<i>X</i>	<i>60.75</i>
		BLENDING & HANDLING		
<i>5407</i>	<i>MIN</i>	TON-MILES		<i>190.00</i>
		STAND BY TIME		
		MILEAGE		
<i>5501.10</i>	<i>4 HR</i>	WATER TRANSPORTS		<i>300.00</i>
<i>5502.10</i>	<i>2 1/2 HR</i>	VACUUM TRUCKS		<i>175.00</i>
		FRAC SAND		
<i>1124</i>	<i>160 SK</i>	CEMENT <i>50/50</i>	<i>X</i>	<i>1032.00</i>
			<i>X</i> SALES TAX	<i>90.33</i>

Ravin 2790

ESTIMATED TOTAL *2986.48*

CUSTOMER or AGENTS SIGNATURE *William Barke*

CIS FOREMAN *Jeff Gibson*

CUSTOMER or AGENT (PLEASE PRINT)

DATE

184650