

**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

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
 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>12-4-03</u>	<u>12-8-03</u>	<u>12-15-03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

**RECEIVED
MAR 29 2004
KCC WICHITA**

API No. 15 - 205-25662-00-00
 County: Wilson
 _____ NW_NW Sec. 28 Twp. 30 S. R. 15 East West
1980' FSL feet from (S) N (circle one) Line of Section
4620' 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: Orr Well #: C1-28
 Field Name: Cherokee Basin Coal Gas Area
 Producing Formation: Penn Coals
 Elevation: Ground: 975' Kelly Bushing: _____
 Total Depth: 1487' Plug Back Total Depth: 1483'
 Amount of Surface Pipe Set and Cemented at 21' 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 ALL UP 6-21-04
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used _____
 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: 3-23-04
 Subscribed and sworn to before me this 23rd day of March, 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: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: Orr Well #: C1-28
 Sec. 28 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	Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum See Attached <div style="text-align: center;"> RECEIVED MAR 29 2010 <i>2004</i> 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"		21'	Class A	5	
Prod	6 3/4"	4 1/2"	10.5#	1483'	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	1294.5'-1295.5'	300 gal 10% HCl, 1725# sd, 220 BBL fl	
4	1098'-1100'	300 gal 10% HCl, 1710# sd, 225 BBL fl	
4	991'-993.5'	500 gal 10% HCl, 10 bioballs, 5055# sd, 500 BBL fl	
4	873.5'-874.5'	300 gal 10% HCl, 1710# sd, 220 BBL fl	

TUBING RECORD	Size 2 3/8"	Set At 1430'	Packer At NA	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 12-24-03	Producing Method Flowing <input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) <input type="checkbox"/>
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Estimated Production Per 24 Hours	Oil Bbls. NA	Gas Mcf 0	Water Bbls. 72	Gas-Oil Ratio NA	Gravity NA
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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

ORIGINAL

MAR 29 2010 2004

KCC WICHITA

TICKET NUMBER

23596

LOCATION B.ville

FIELD TICKET

DATE: 12-9-03	CUSTOMER ACCT #: 2368	WELL NAME: Orr C1-28	QTR/QTR:	SECTION: 28	TWP: 30	RGE: 15	COUNTY: Wilson	FORMATION:
CHARGE TO: <u>Dart</u>				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 production casing		525.00
1105	3 sks	collenseed hulls		38.85
1107	3 sks	ELO Seal		113.25
1110	20 sks	Gylsonite		388.00
1111	434 lbs	Salt		108.50
1118	3 sk	Gel		35.40
1123	6700 gal	City H ₂ O		75.38
1205	2 gal	Super Sweet		45.00
1238	1 gal	Soap		30.00
4400	1	4 1/2 rubber plug		27.00
		BLENDING & HANDLING		
5407	min	TON-MILES		190.00
		STAND BY TIME		
		MILEAGE		
5501	3 hrs	WATER TRANSPORTS		210.00
5502	3 hrs	VACUUM TRUCKS		225.00
		FRAC SAND		
1124	200 sks	CEMENT \$4.50		1290.00
		SALES TAX		130.81 130.81

Ravin 2790

ESTIMATED TOTAL ~~3111.37~~

CUSTOMER or AGENTS SIGNATURE William Baks

CIS FOREMAN J. Sanders

3462.19

CUSTOMER or AGENT (PLEASE PRINT)

DATE

~~188281~~
188281

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

RECEIVED
 MAR 29 2010
 2004
 KCC WICHITA

TICKET NUMBER **32499**
 LOCATION Bonville
 FOREMAN [Signature]

TREATMENT REPORT

ORIGINAL

DATE 12-9-03	CUSTOMER # 2368	WELL NAME Onca 21	FORMATION
SECTION 29	TOWNSHIP 30	RANGE 15	COUNTY Wichita
CUSTOMER Dart			
MAILING ADDRESS			
CITY			
STATE		ZIP CODE	
TIME ARRIVED ON LOCATION			

TRUCK #	DRIVER	TRUCK #	DRIVER
289	Kirk		
Brad	Joe		
117	Danny		
402	Shem		

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 checked="" type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISP. PUMP	<input type="checkbox"/>
<input type="checkbox"/> OTHER	<input type="checkbox"/>

WELL DATA	
HOLE SIZE 6 3/4	PACKER DEPTH
TOTAL DEPTH 1487	PERFORATIONS
	SHOTS/FT
CASING SIZE 4 1/2	OPEN HOLE
CASING DEPTH 1483	
CASING WEIGHT	TUBING SIZE
CASING CONDITION	TUBING DEPTH
	TUBING WEIGHT
	TUBING CONDITION
TREATMENT VIA	

PRESSURE LIMITATIONS

	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTION PRIOR TO JOB: Displaced 5 bbl water. Started gel can 2 hrs in 10 bbl then 10 bbl of mud flush broke circulation started gel can 200 sec. 500 sec 5' oil 5 1/2 salt, 2 1/2 gel at 136 mg fill at of clean displaced 235.5 bbl

AUTHORIZATION TO PROCEED: Willie Bahr TITLE: DATE:

TIME AM/PM	STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
						BREAKDOWN PRESSURE
						DISPLACEMENT
						MIX PRESSURE 130
						MIN PRESSURE
						ISIP
						15 MIN
						MAX RATE 1162
						MIN RATE

18828