

**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>12-10-03</u>	<u>12-12-03</u>	<u>12-20-03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-30419-00-00
 County: Montgomery
 _____ SE_ SE Sec. 13 Twp. 31 S. R. 14 East West
660' FSL _____ feet from (S) N (circle one) Line of Section
770' 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: Springer Well #: D4-13
 Field Name: Cherokee Basin Coal Gas Area
 Producing Formation: Penn Coals
 Elevation: Ground: 953' Kelly Bushing: _____
 Total Depth: 1495' Plug Back Total Depth: 1491'
 Amount of Surface Pipe Set and Cemented at 23' 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 cmf.

Drilling Fluid Management Plan *ALL wa 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: 3-24-04
 Subscribed and sworn to before me this 24th 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

NO Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

X

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: Springer Well #: D4-13
 Sec. 13 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

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 See Attached

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KCC WICHITA

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"		23'	Class A	5	
Prod	6 3/4"	4 1/2"	10.5#	1491'	50/50 Poz	190	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	1351'-1352'	300 gal 10% HCl, 1655# sd, 225 BBL fl	
4	1211'-1212.5'	300 gal 10% HCl, 2345# sd, 265 BBL fl	
4	1138.5'-1140.5'	300 gal 10% HCl, 1650# sd, 220 BBL fl	
4	1040'-1042.5'	500 gal 10% HCl, 8 bioballs, 5110# sd, 450 BBL fl	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8"	1463'	NA	Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.	Producing Method			
1-16-04	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
	NA	2	79	NA
Gravity	NA			

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

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

McPherson Drilling LLC Drillers Log

Rig Number: 2	S. 13	T. 31	R. 14e
API No. 15- 125-30419	County: MG	Location: SE SE	
Elev. 953'			

Operator: Dart Cherokee Basin Operating Co. LLC			
Address: 3541 CR 5400 Independence, KS. 67301			
Well No: D4-13	Lease Name: Springer		
Footage Location: 660 ft. from the South Line	660 ft. from the East Line		
Drilling Contractor: McPherson Drilling LLC			
Spud date: 12/10/2003	Geologist:		
Date Completed: 12/12/2003	Total Depth: 1495'		

Gas Tests:

ORIGINAL

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2004
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Casing Record			Rig Time:
Size Hole:	Surface 11"	Production 6 3/4"	
Size Casing:	8 5/8"		
Weight:	20#		
Setting Depth:	23'	McPherson	
Type Cement:	Portland		
Sacks:	4	McPherson	
			start injecting water @

Well Log									
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.	
Lime	0	33	coal	897	898	coal (water)	1390	1392	
shale	33	38	pink lime	898	921	shale	1392	1398	
sandy lime	38	75	shale	921	970	Miss lime	1398	1495	TD
shale	75	195	sand	970	994				
lime	195	205	oswego lime	994	1020				
shale	205	225	summit	1020	1024				
lime	225	232	lime	1024	1040				
shale	232	291	mulky	1040	1043				
coal	291	292	lime	1043	1049				
shale	292	298	shale	1049	1071				
sand (wet)	298	305	coal	1071	1073				
sand lime	305	310	shale	1073	1089				
sand	310	391	lime	1089	1093				
shale	391	410	coal	1093	1094				
lime	410	520	shale	1094	1137				
sand	520	592	coal	1137	1139				
lime	592	620	shale	1139	1150				
shale	620	657	sandy shale	1150	1242				
lime	657	665	coal	1242	1243				
shale	665	715	shale	1243	1260				
lime	715	745	lime	1260	1262				
shale	745	753	shale	1262	1347				
lime	753	773	coal	1347	1350				
shale	773	897	shale	1350	1390				



CONSOLIDATED
OIL WELL
SERVICES
AN INFINITY COMPANY

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

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2004

KCC WICHITA

ORIGINAL

TICKET NUMBER 23621

LOCATION Bulle

FIELD TICKET

DATE 12-15-05	CUSTOMER ACCT # 2368	WELL NAME Springer H-13	QTR/QTR	SECTION 13	TWP 31	RGE 14	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 production casing		525.00
1105	2 sks	condensed hulle		25.90
1107	3 sks	Elo Seal		113.25
1110	19 sks	Gilsonite		368.60
1111	412 lbs	Salt		103.07
1118	5 sks	Gel		59.00
1128	620 gal	City H ₂ O		75.60
4404	1	4 1/2 rubber plug		27.00
1205	2 gal	Super Sweet		45.00
1238	1 gal	Soap		30.00
		BLENDING & HANDLING		
5407	min	TON-MILES		190.00
		STAND BY TIME		
		MILEAGE		
5501	3 hrs	WATER TRANSPORTS		240.00
5502	3 hrs	VACUUM TRUCKS		225.00
		FRAC SAND		
1131	190 sks	CEMENT 40/60		1292.00
			SALES TAX	113.51
			ESTIMATED TOTAL	3442.96

Rayin 2790

CUSTOMER or AGENTS SIGNATURE: William Banks CIS FOREMAN J Sanders

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE _____

188337

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

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 2004
 KCC WICHITA

TICKET NUMBER 32515

LOCATION Bulle

FOREMAN JJ

TREATMENT REPORT

ORIGINAL

DATE <u>12-15-03</u>	CUSTOMER # <u>2368</u>	WELL NAME <u>DH13</u>	FORMATION <u>Springs</u>
SECTION <u>13</u>	TOWNSHIP <u>31</u>	RANGE <u>14</u>	COUNTY <u>Mont</u>
CUSTOMER <u>Dart</u>			
MAILING ADDRESS			
CITY			
STATE		ZIP CODE	
TIME ARRIVED ON LOCATION			

WELL DATA	
HOLE SIZE <u>6 3/4</u>	PACKER DEPTH
TOTAL DEPTH <u>1495</u>	PERFORATIONS
CASING SIZE <u>4 1/2</u>	SHOTS/FT
CASING DEPTH <u>1491</u>	OPEN HOLE
CASING WEIGHT	TUBING SIZE
CASING CONDITION	TUBING DEPTH
	TUBING WEIGHT
	TUBING CONDITION
TREATMENT VIA	

INSTRUCTION PRIOR TO JOB: 10 bbl mixed fluid broke circ started cam ran 190 lbs 5% 2 1/2 cam @ 13.6 gpm till end of cam displaced plug to 1491 shut in circ and

AUTHORIZATION TO PROCEED: Willie [Signature] TITLE: DATE:

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>289</u>	<u>Kick</u>		
<u>220</u>	<u>Bronk</u>		
<u>225</u>	<u>COOP</u>		
<u>103</u>	<u>Tom</u>		

<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"/> MISP. PUMP	<input type="checkbox"/>
<input type="checkbox"/> OTHER	<input type="checkbox"/>

THEORETICAL INSTRUCTED	
SURFACE PIPE	
ANNULUS LONG STRING	
TUBING	

TIME AM/PM	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

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