

**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 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>3-11-04</u>	<u>3-16-04</u>	<u>3-17-04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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API No. 15 - 125-30441-00-00
 County: Montgomery
 _____ NE _____ SE Sec. 35 Twp. 34 S. R. 14 East West
1830' FSL _____ feet from S / N (circle one) Line of Section
500' 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: Reitz Well #: C4-35
 Field Name: Cherokee Basin Coal Gas Area
 Producing Formation: Penn Coals
 Elevation: Ground: 874' Kelly Bushing: _____
 Total Depth: 1625' Plug Back Total Depth: 1618'
 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.
ACT II WHM 7-18-06
Drilling Fluid Management Plan ACT 2
 (Data must be collected from the Reserve Pit) DPW 4-28-05
 Chloride content NA ppm Fluid volume 500 bbls
 Dewatering method used empty w/ vac trk and air dry
 Location of fluid disposal if hauled offsite: _____
 Operator Name: J&M Oil
 Lease Name: Sheeps A1 License No.: 17648
 Quarter NE Sec. 11 Twp. 28N S. R. 13 East West
 County: Washington County OK Docket No.: NA

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: 7-19-04
 Subscribed and sworn to before me this 19th day of July
 20 04.
 Notary Public: Karen L. Welton
 Date Commission Expires: 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

✓

ORIGINAL

Side Two

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: Reitz Well #: C4-35
Sec. 35 Twp. 34 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Log Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	See Attached	
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			
High Resolution Compensated Density Neutron & Dual Induction			

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#	1618'	50/50 Poz	210	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 <i>(Amount and Kind of Material Used)</i>	Depth
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TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes	<input checked="" type="checkbox"/> No
				NA			
Date of First, Resumed Production, SWD or Enhr. not yet completed		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			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

TICKET NUMBER 23942
 LOCATION Bartlesville

FIELD TICKET

DATE 5-17-04	CUSTOMER ACCT # 2368	WELL NAME Reitz C4-35	QTR/QTR	SECTION 35	TWP 34S	RGE 14E	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 Production Casing		525.00
1105	3sk	Cottonseed Hulks		38.85
1107	3sk	Flo Seal		113.25
1100	21sk	Gilsonite		402.50
1111	500#	Granulated Salt		125.00
1118	6sk	Premium Gel		20.80
1123	2,000 gal	City Water		28.25
4404	1	4 1/2" Rubber Plug		22.00
1205	1 1/2 gal	Supersweet		33.25
1238	1 gal	Mud Flush		30.00
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5407	min	BLENDING & HANDLING		
		TON-MILES		
		STAND BY TIME		190.00
		MILEAGE		
5501	3hrs	WATER TRANSPORTS		240.00
5502	3hrs	VACUUM TRUCKS		225.00
		FRAC SAND		
1124	210sk	CEMENT		1386.00
		Montgomery Co. 5.3% SALES TAX		119.09
ESTIMATED TOTAL				3609.89

CUSTOMER or AGENTS SIGNATURE William Barber CIS FOREMAN Tracy L. Williams

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE _____

189337

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

TICKET NUMBER **30063**
 LOCATION **Barthesville**
 FOREMAN **Tracy Williams**

TREATMENT REPORT

DATE	CUSTOMER #	WELL NAME	FORMATION
3-12-04	2368	Reitz 0435	
SECTION	TOWNSHIP	RANGE	COUNTY
35	34S	14E	Montgomery
CUSTOMER			
Dart			
MAILING ADDRESS			
CITY			
STATE			
ZIP CODE			
TIME ARRIVED ON LOCATION			

TRUCK #	DRIVER	TRUCK #	DRIVER
418	TIM		
428	DANNY		
202	DONNIE		
412	SHANE		

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

PRESSURE LIMITATIONS

	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

WELL DATA

HOLE SIZE	6 3/4	PACKER DEPTH	
TOTAL DEPTH	1625	PERFORATIONS	
		SHOTS/FT	
CASING SIZE	4 1/2	OPEN HOLE	
CASING DEPTH	1618		
CASING WEIGHT	20.105	TUBING SIZE	
CASING CONDITION		TUBING DEPTH	
	25.8 bbl	TUBING WEIGHT	
		TUBING CONDITION	
TREATMENT VIA			

INSTRUCTION PRIOR TO JOB: Ran 20 sks of gel with lsk balls, 5 bbl spacer, 15 bbl mud flush, while breaking circ. Ran 210 sks also permit with 5# gelsolite, 52 salt, 28 gal x 4 1/2 @ 13.5 gpg. Shut down & washed up behind plug. Pumped plug to bottom & set shoe. Shut in. Circulated 9 bbl cement slurry to pit.

AUTHORIZATION TO PROCEED: *William Barko* TITLE: DATE:

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

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