

ORIGINAL

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

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. _____

8-10-04 8-12-04 8-20-04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 125-30568-00-00

County: Montgomery

W2 NE NW Sec. 2 Twp. 35 S. R. 14 East West

4620' FSL feet from (S) / N (circle one) Line of Section

3480' 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 #: A2-2

Field Name: Cherokee Basin Coal Gas Area

Producing Formation: Penn Coals

Elevation: Ground: 854' Kelly Bushing: _____

Total Depth: 1708' Plug Back Total Depth: 1705'

Amount of Surface Pipe Set and Cemented at 149 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

(Data must be collected from the Reserve Pit)

ALT 2
DPW 4-28-05

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: 12-1-04

Subscribed and sworn to before me this 1st day of December

2004

Notary Public: Karen L. Welton

Date Commission Expires: _____

KCC Office Use ONLY

NO Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

NO Geologist Report Received

UIC Distribution

KAREN L. WELTON
Notary Public - Michigan
Ingham County
My Commission Expires Mar 3, 2007
Acting in the County of Ingham

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: Reitz Well #: A2-2
 Sec. 2 Twp. 35 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 <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	Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum See Attached
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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"		149'	Class A	75	See Attached
Prod	6 3/4"	4 1/2"	9.5#	1705'	50/50 Poz	240	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
4	1490.5'-1493.5'	300 gal 10% HCl, 1645# sd, 225 BBL fl	
4	1261'-1262'	300 gal 10% HCl, 1675# sd, 260 BBL fl	
4	1117'-1118.5'	300 gal 10% HCl, 2220# sd, 270 BBL fl	
4	1099'-1100'	300 gal 10% HCl, 1690# sd, 240 BBL fl	
4	1056'-1058.5'	300 gal 10% HCl, 5075# sd, 380 BBL fl	

TUBING RECORD	Size 2 3/8"	Set At 1670'	Packer At NA	Liner Run Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Date of First, Resumed Production, SWD or Enhr. 10-9-4	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. 80	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, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 32030
 LOCATION B'ville
 FOREMAN [Signature]

TREATMENT REPORT

DATE <u>8-10-04</u>	CUSTOMER # <u>2368</u>	WELL NAME <u>Reitz A2-2</u>	FORMATION
SECTION <u>2</u>	TOWNSHIP <u>35</u>	RANGE <u>14</u>	COUNTY <u>MG</u>
CUSTOMER <u>DART</u>			
MAILING ADDRESS			
CITY			
STATE		ZIP CODE	
TIME ARRIVED ON LOCATION			

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>290</u>	<u>Kent</u>		
<u>235</u>	<u>Marshall</u>		
<u>202</u>	<u>Hub/Justin</u>		

WELL DATA	
HOLE SIZE <u>11</u>	PACKER DEPTH
TOTAL DEPTH <u>157</u>	PERFORATIONS
	SHOTS/FT
CASING SIZE <u>8 3/8</u>	OPEN HOLE
CASING DEPTH <u>149</u>	
CASING WEIGHT	TUBING SIZE
CASING CONDITION <u>D</u>	TUBING DEPTH
	TUBING WEIGHT
	TUBING CONDITION
TREATMENT VIA	

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~~ Ran 1 sk gel/hulls ahead + est. circ -
pumped 75 sk 2% Calcium @ 14.5 PPG - displaced to 130'
w/ 8 1/2 BBL - SHUT IN - CIRC. cont. to surface -

AUTHORIZATION TO PROCEED _____ TITLE _____ DATE _____

TIME AM / PM	STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
							BREAKDOWN PRESSURE
							DISPLACEMENT
							MIX PRESSURE <u>[Signature]</u>
							MIN PRESSURE
							ISIP <u>1927.97</u>
							15 MIN.
							MAX RATE
							MIN RATE

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11/1/04

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

TICKET NUMBER 1638
 LOCATION Barthesville
 FOREMAN Tracy L. Williams

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-13-04	2368	Reitz A2-2	2	355	14E	Montgomery
CUSTOMER <u>Dart</u>						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
418	Tim		
407	Jason B		
413	Travis M		
428	Danny		

JOB TYPE LS HOLE SIZE 6 3/4 HOLE DEPTH 1708 CASING SIZE & WEIGHT 4 1/2 9.5#
 CASING DEPTH 1705 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.5 + 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 27.7 DISPLACEMENT PSI 600 MIX PSI 150 RATE 5

REMARKS: Washed 1 pint of casing in hole. Ran 2 sks of gel with 1 sk of hulls, 5 bbl spacer, 15 bbl mud flush, 10 bbl spacer. Ran 240 sks of 50/50 poz mix with 5# g, 1 sonit 5# salt, 2# gel, + 1/4" Fla. First 50 sks @ 12.5 spg the rest @ 13.5. Shut down + washed up behind plug. Pumped plug to bottom + set shot. Shut in. Circulate 5 bbl cement slurry to pit.

12/11/04
 1611 007
 8822 - 010
 010 - 2008
 12/11/04

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Production Casing		710.00
5406	28	MILEAGE		65.80
5402	1705			30.75
1105	2 sks	Cottonseed Hulls		22.20
1107	3 sks	Fla Seal		120.00
1110	29 sks	Gilsonite		488.40
1111	550#	Granulated Salt		143.00
1118	7 sks	Premium Gel		86.80
1123	9000 gal	City Water		103.50
1124	240 sks	50/50 poz mix		1656.00
4404	1	4 1/2" Rubber Plug		3500
1205	2 gal	Supersweet		47.20
1238	1 gal	Mud Flush		31.50
5501C	3 1/2 hrs	Transport		294.00
5502C	3 1/2 hrs	80 Vac		273.00
5407	min	Ton Mileage		225.00
		5.3%	SALES TAX	140.97
			ESTIMATED TOTAL	4478.22

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AUTHORIZATION  TITLE 192104 DATE _____