

**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: \_\_\_\_\_  
 License: \_\_\_\_\_  
 Wellsite Geologist: \_\_\_\_\_  
 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: Freeland  
 Well Name: Gutschenritter 12-24  
 Original Comp. Date: NA Original Total Depth: NA  
 \_\_\_\_\_ 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>8-29-05</u>	<u>NA</u>	<u>9-8-05</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-29595-00-00  
 County: Montgomery  
 \_\_\_\_\_ SE SW Sec. 12 Twp. 31 S. R. 15  East  West  
660' FSL feet from S / N (circle one) Line of Section  
2970' 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: Gutschenritter Well #: 12-24  
 Field Name: Neodesha  
 Producing Formation: Penn Coals  
 Elevation: Ground: NA Kelly Bushing: \_\_\_\_\_  
 Total Depth: NA Plug Back Total Depth: 1275'  
 Amount of Surface Pipe Set and Cemented at NA 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** OWWO KGR 5/21/07  
(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. \_\_\_\_\_

**RECEIVED**  
 DEC 15 2005  
**KCC WICHITA**

**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: 12-1-05  
 Subscribed and sworn to before me this 1st day of December,  
2005  
 Notary Public: Karen L. Welton  
 Date Commission Expires: \_\_\_\_\_

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

**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: Gutschenritter Well #: 12-24  
 Sec. 12 Twp. 31 S. R. 15 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 No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes No  Cores Taken Yes No Electric Log Run Yes No <i>(Submit Copy)</i>  List All E. Logs Run:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Log Name</td> <td style="width:40%;">Formation (Top), Depth and Datum</td> <td style="width:30%;">✓ Sample Datum</td> </tr> </table>	Log Name	Formation (Top), Depth and Datum	✓ Sample Datum
Log Name	Formation (Top), Depth and Datum	✓ Sample Datum		

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 <del>NA</del>		7"	20#	24'	Portland		
Prod <del>NA</del>	6.25"	4.5"	10.5 #	1279.82'	Portland	140	

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				RECEIVED DEC 05 2005 KCC WICHITA

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)	
4	1255'-1256'			
4	1233.5'-1234.5'		400 gal 15% HCl, 1685# sd, 200 BBL fl	
4	963.5'-965.5'		400 gal 15% HCl, 3055# sd, 270 BBL fl	
4	905'-906.5'		400 gal 15% HCl	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8"	1252'	NA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Date of First, Resumed Production, SWD or Enhr. 9-10-05	Producing Method
	Flowing <input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) <input type="checkbox"/>

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	NA	0	98		

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Summit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____