

**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: Dart Cherokee Basin Operating Co., LLC
Well Name: Orr C1-28
Original Comp. Date: 12-15-03 Original Total Depth: 975'
____ 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. _____
6-21-05 12-8-03 6-24-05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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: 1475'
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 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 off site: _____
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: 12-1-05
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

X

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 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%; text-align: center;">✓ Sample Datum</td> </tr> <tr> <td> </td> <td> </td> <td> </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
Surface		8.625		21'			
Production		4.500		1483'			

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				

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DEC 05 2005
KCC WICHITA

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
Jet Cut	1335' - 1336'		
4 re-perf	1294.5'-1296'	300 gal 15% HCl, 2315# sd, 220 BBL fl	
Jet Cut	873'-875'		

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8"	1444'	NA	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of First, Resumed Production, SWD or Enhr.		Producing Method			
6-26-05		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	2	24		

Disposition of Gas Vented Sold Used on Lease Other (Specify) _____

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled _____

(If vented, Sumit ACO-18.)