

**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>6-28-03</u>	<u>7-1-03</u>	<u>7-9-03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

**RECEIVED  
MAR 08 2004  
KCC WICHITA**

API No. 15 - 125-30331-00-00  
 County: Montgomery  
 \_\_\_\_\_ SW\_NW Sec. 20 Twp. 31 S. R. 15  East  West  
3300' 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: F&E Smith Trust Well #: B1-20  
 Field Name: Jefferson-Sycamore  
 Producing Formation: Penn Coals  
 Elevation: Ground: 974' Kelly Bushing: \_\_\_\_\_  
 Total Depth: 1526' Plug Back Total Depth: 1521'  
 Amount of Surface Pipe Set and Cemented at 20 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 cnt.

**Drilling Fluid Management Plan** ALT#2 KGR 5/24/07  
 (Data must be collected from the Reserve Pit)  
 Chloride content \_\_\_\_\_ ppm Fluid volume NA bbls  
 Dewatering method used no fl in pit  
 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: 3-3-04  
 Subscribed and sworn to before me this 3rd day of March,  
2004.  
 Notary Public: Karen L. Welton  
Notary Public, Ingham County, MI  
 Date Commission Expires: 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

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: F&E Smith Trust Well #: B1-20  
 Sec. 20 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.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <i>(Attach Additional Sheets)</i></p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <i>(Submit Copy)</i></p> <p>List All E. Logs Run:</p> <p>High Resolution Compensated Density Neutron &amp; Dual Induction</p>	<p>Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample</p> <p>Name Top Datum</p> <p>See Attached</p> <p style="text-align: center;"><b>RECEIVED</b> <b>MAR 08 2004</b> <b>KCC WICHITA</b></p>
---	---

CASING RECORD <span style="float: right;">New Used</span>							
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"		20	Class A	4	
Prod	6 3/4"	4 1/2"	10.5	1521'	50/50 Poz	185	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
6	1371.5'-1372.5' CIBP set @ 1365'	300 gal 12% HCl, 2100# sd, 245 BBL fl	
6	1331.5'-1332.5'	600 gal 12% HCl, 1975# sd, 235 BBL fl	
4	1126.5'-1128.5'	300 gal 10% HCl, 1665# sd, 220 BBL fl	
4	1062.5'-1063.5'	300 gal 10% HCl, 1655# sd, 225 BBL fl	
4	1033'-1036'	300 gal 10% HCl, 6020# sd, 430 BBL fl	

TUBING RECORD	Size 2 3/8"	Set At 1351'	Packer At NA	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------	----------------	-----------------	-----------------	--

Date of First, Resumed Production, SWD or Enhr. 2-12-04	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. NA	Gas Mcf 16	Water Bbls. 24	Gas-Oil Ratio NA	Gravity 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) \_\_\_\_\_

**McPherson Drilling LLC Drillers Log**

<b>Rig Number:</b> 3	<b>S. 20</b>	<b>T. 31</b>	<b>R. 15 E</b>
<b>API No.</b> 15- 125-30331	<b>County:</b> Montgomery		
<b>Elev.</b> 974'	<b>Location:</b> SW NW		

<b>Operator:</b>	Dart Cherokee Basin Operating Co. LLC		
<b>Address:</b>	P.O. Box 177 Mason, MI 48854-0177		
<b>Well No:</b>	<b>B1-20</b>	<b>Lease Name:</b>	<b>F&amp;E Smith Trust</b>
<b>Footage Location:</b>	3300 ft. from the	<b>South</b>	<b>Line</b>
	4620 ft. from the	<b>East</b>	<b>Line</b>
<b>Drilling Contractor:</b>	<b>McPherson Drilling LLC</b>		
<b>Spud date:</b>	6/28/03	<b>Geologist:</b>	
<b>Date Completed:</b>	7/1/03	<b>Total Depth:</b>	1526'

**ORIGINAL**

RECEIVED  
MAR 08 2004  
KCC WICHITA

Casing Record			Rig Time:
	Surface	Production	2 hs. 15 min. Gas tests
Size Hole:	11"	6 3/4"	
Size Casing:	8 5/8"		
Weight:	20#		
Setting Depth:	20'	McPherson	
Type Cement:	Portland		
Sacks:	4	McPherson	

<b>Remarks:</b>
start injecting water @ 560'
pick up water @ 1410'

Well Log										
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.		
top soil	0	3	Summit	1008	1021					
lime	3	73	2nd Oswego	1021	1032					
shale	73	108	Mulky	1032	1037					
lime	108	127	3rd Oswego	1037	1042					
shale	127	203	shale	1042	1061					
lime	203	227	coal	1061	1063					
shale	227	406	shale	1063	1127					
lime	406	411	coal	1127	1129					
shale	411	422	sand/shale	1129	1240					
lime	422	437	coal	1240	1241					
shale	437	458	sand/shale	1241	1331					
lime	458	496	coal	1331	1334					
coal	496	497	shale	1334	1372					
sand/shale	497	581	coal	1372	1373					
lime	581	611	shale	1373	1380					
shale	611	709	Mississippi	1380	1526 TD					
lime	709	721								
shale	721	795								
sand/shale	795	896								
coal	896	897								
shale	897	900								
pink lime	900	914								
shale	914	982								
1st Oswego	982	1008								

RECEIVED JUL 16 2003



**CONSOLIDATED**  
OIL WELL  
SERVICES  
AN INFINITY COMPANY

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

RECEIVED

MAR 08 2004

KCC WICHITA

**ORIGINAL**

TICKET NUMBER 20825

LOCATION B'ville

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
7-2-03	2368	F+E Smith Trust		20	31	15	Mont	
CHARGE TO				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 LONGSTRING		525.00
1110	19 SX	GILSONITE	*	368.60
1111	450 #	SACT	*	45.00
1118	6 SX	GEL	*	70.80
1107	4 SX	FLU Seal	*	151.00
1105	2 SX	HULLS	*	25.90
4404	1 ea	4 1/2 R.P.	*	27.00
1123	6000 GAL	CITY H2O	*	67.50
1238	1 GAL	FOAMER		30.00
1205	1 1/2 GAL	B1-CIDE		33.75
5407	MIN	BLENDING & HANDLING TON-MILES STAND BY TIME MILEAGE		190.00
5501	4 HR	WATER TRANSPORTS		300.00
5502	4 HR	VACUUM TRUCKS FRAC SAND		280.00
1124	185 SX	CEMENT	*	1193.25
			* SALES TAX	107.20
ESTIMATED TOTAL				3415.00

Ravin 2790

CUSTOMER or AGENTS SIGNATURE

Walter Bantz

CIS FOREMAN

Jeff Graham

CUSTOMER or AGENT (PLEASE PRINT)

DATE

185043

RECEIVED

MAR 08 2004

ORIGINAL

CONSOLIDATED OIL WELL SERVICES, INC.  
211 W. 14TH STREET, CHANUTE, KS 66720  
316-431-9210 OR 800-467-8676

KCC WICHITA

TICKET NUMBER 21218

LOCATION Bville

FOREMAN [Signature]

TREATMENT REPORT

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
7-2-03	2368	Trust # B1-20		20	31	15	Mont	
CHARGE TO <u>DART</u>				OWNER				
MAILING ADDRESS				OPERATOR				
CITY				CONTRACTOR				
STATE ZIP CODE				DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA	
HOLE SIZE	6 3/4
TOTAL DEPTH	1526
CASING SIZE	4 1/2
CASING DEPTH	1522
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT.	
OPEN HOLE	
TREATMENT VIA	

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"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS		
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTION PRIOR TO JOB

JOB SUMMARY - ran wireline ahead -

DESCRIPTION OF JOB EVENTS est. circ - ran 2 sx gel/hulls ahead of 10 BBL foam/mud flush followed by 10 BBL clean H<sub>2</sub>O - ran 185 sx 50/50 5#, 50% 2%, 1/2# R/S w/ hulls @ 13.5 PP6 - shut down - washed out lines & pump - dropped plug - displaced to bottom & set shoe - shut in - used Bl-circ in all H<sub>2</sub>O - landed plug @ 1200 # - circ. cont. to surface

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	
FINAL BPM	
MINIMUM BPM	
MAXIMUM BPM	
AVERAGE BPM	

AUTHORIZATION TO PROCEED [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_