

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

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>12-2-03</u>	<u>12-4-03</u>	<u>12-10-03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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API No. 15 - 125-30413-00-00
 County: Montgomery
N/2 SW NE SE Sec. 19 Twp. 31 S. R. 15 East West
1780' FSL _____ feet from S / N (circle one) Line of Section
662' 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: Sycamore Springs Ranch Well #: C4-19
 Field Name: Cherokee Basin Coal Gas Area
 Producing Formation: Penn Coals
 Elevation: Ground: 947' Kelly Bushing: _____
 Total Depth: 1527' Plug Back Total Depth: 1523'
 Amount of Surface Pipe Set and Cemented at 22' 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 ALT #2 RGR 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: 3-22-04
 Subscribed and sworn to before me this 22nd day of March
2004
 Notary Public: Karen L. Welton
 Date Commission Expires: Notary Public, Ingham County, MI
My Comm. Expires Mar. 3, 2007

KCC Office Use ONLY
NO Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

X

ORIGINAL

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: Sycamore Springs Ranch Well #: C4-19
 Sec. 19 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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:

High Resolution Compensated Density Neutron

Log Formation (Top), Depth and Datum 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"		22'	Class A	5	
Prod	6 3/4"	4 1/2"	10.5	1523'	50/50 Poz	190	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	1362'-1363'	300 gal 10% HCl, 1670# sd, 235 BBL fl		
4	1320'-1321'	300 gal 10% HCl, 1635# sd, 225 BBL fl		
4	1129.5'-1131'	300 gal 10% HCl, 2380# sd, 260 BBL fl		
4	1034'-1036.5'	500 gal 10% HCl, 10 bioballs, 5095# sd, 460 BBL fl		

TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes	<input checked="" type="checkbox"/> No
		2 3/8"	1478'	NA			
Date of First, Resumed Production, SWD or Enhr.			Producing Method				
12-22-03			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	3	22	NA	NA		

Disposition of Gas Vented Sold Used on Lease (If vented, Sumit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____



CONSOLIDATED
OIL WELL
SERVICES
AN INFINITY COMPANY

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

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ORIGINAL

TICKET NUMBER 23387

LOCATION _____

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
12-5-03	2368	Sycamore Springs Ranch #C4-19	4	19	31S	16E	MG	
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 Production Casing		525.00
1118	6 SKS	Gel		90.80
1107	3 SKS	Flo Seal		113.25
1110	18 SKS	Gilsomite		349.20
1111	450 #	Salt		112.50
1105	2 SKS	Hulls		25.90
1123	6720 gal	City Water		75.60
	1 gal	Susp		30.00
				26.50
5407	min	BLENDING & HANDLING		
		TON-MILES		
		STAND BY TIME		140.00
		MILEAGE		
5501	4hr	WATER TRANSPORTS		320.00
5502	4hr	VACUUM TRUCKS		300.00
		FRAC SAND		
1124	190 SKS	CEMENT 50/50 Poz Mix		1225.50
			SALES TAX	105.16
				104.56
			ESTIMATED TOTAL	3470.21

CUSTOMER or AGENTS SIGNATURE _____ CIS FOREMAN Anthony Carpenter 3442.31

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE 12-5-03

188141

