

**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     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. \_\_\_\_\_  

1-15-04	1-20-04	1-27-04
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-30458-00-00  
 County: Montgomery  
SE NW SW SE Sec. 19 Twp. 31 S. R. 15  East  West  
750' FSL feet from S N (circle one) Line of Section  
2121' 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 #: D3-19  
 Field Name: Cherokee Basin Coal Gas Area  
 Producing Formation: Penn Coals  
 Elevation: Ground: 937' Kelly Bushing: \_\_\_\_\_  
 Total Depth: 1524' Plug Back Total Depth: 1518'  
 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 cmt.

**Drilling Fluid Management Plan**  
 (Data must be collected from the Reserve Pit)  
 Chloride content NA 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: 3-26-04  
 Subscribed and sworn to before me this 26<sup>th</sup> day of March,  
2004.  
 Notary Public: Karen L. Welton  
 Date Commission Expires: \_\_\_\_\_  

**Karen L. Welton**  
 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



Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: Sycamore Springs Ranch Well #: D3-19  
 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets)  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 (Submit Copy)  List All E. Logs Run:  High Resolution Compensated Density Neutron & Dual Induction SFL/GR	Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum  See Attached  <div style="text-align: center;"> <p><b>RECEIVED</b>  <i>2004</i>  <b>MAR 29 2010</b>  <b>KCC WICHITA</b></p> </div>
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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	5	
Prod	6 3/4"	4 1/2"	9.5#	1518'	50/50 Poz	200	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
4	1374.5'-1375.5'	300 gal 10% HCl, 1680# sd, 220 BBL fl	
4	1332'-1333'	300 gal 10% HCl, 1685# sd, 225 BBL fl	
4	1127'-1129'	300 gal 10% HCl, 1720# sd, 225 BBL fl	
4	1032'-1035'	300 gal 10% HCl, 6080# sd, 455 BBL fl	

TUBING RECORD		Size <u>2 3/8"</u>	Set At <u>1478'</u>	Packer At <u>NA</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>2-3-04</u>		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. <u>NA</u>	Gas Mcf <u>0</u>	Water Bbls. <u>108</u>	Gas-Oil Ratio <u>NA</u>	Gravity <u>NA</u>

Disposition of Gas  Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled \_\_\_\_\_  
 (If vented, Sumit ACO-18.)  Other (Specify) \_\_\_\_\_

METHOD OF COMPLETION Production Interval





**CONSOLIDATED**  
OIL WELL  
SERVICES  
AN INFINITY COMPANY

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

RECEIVED  
2004  
MAR 29 2010

KCC WICHITA

ORIGINAL

TICKET NUMBER 23976

LOCATION Bulk

FIELD TICKET

DATE 1-21-04	CUSTOMER ACCT # 2368	WELL NAME Sycamore Springs	QTR/QTR 03-19	SECTION 19	TWP 31	RGE 15	COUNTY Mont.	FORMATION
CHARGE TO Dart				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
5402	1524	footage		213.36
1105	2 sks	collar seal hulls		25.90
1107	3 sks	Flp seal		113.25
1110	20 sks	Gripsonite		388.00
1118	5 sks	Gel		59.00
1123	6720 gal	City H <sub>2</sub> O		75.60
1111	430 lbs	Salt		107.50
1205	3 gal	Super Sweet		67.50
1238	1 gal	Sono		30.00
4404	1	4 1/2 rubber plug		27.00
		BLENDING & HANDLING		
307	min	TON-MILES		170.00
		STAND BY TIME		
		MILEAGE		
5501	3 hrs	WATER TRANSPORTS		210.00
5502	3 hrs	VACUUM TRUCKS		225.00
		FRAC SAND		
1124	200 sks	CEMENT 59/50 port		1320.00
		SALES TAX		112.16
		ESTIMATED TOTAL		3119.27

Ravin 2790

CUSTOMER or AGENTS SIGNATURE Willie Bate

CIS FOREMAN J Sanders

CUSTOMER or AGENT (PLEASE PRINT)

DATE

1888732

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

RECEIVED  
 2004  
 MAR 29 2010  
 KCC WICHITA

TICKET NUMBER 32647  
 LOCATION Brake  
 FOREMAN [Signature]

TREATMENT REPORT

ORIGINAL

DATE <u>1-21-04</u>	CUSTOMER # <u>2308</u>	WELL NAME <u>S. D. 19</u>	FORMATION
SECTION <u>19</u>	TOWNSHIP <u>31</u>	RANGE <u>15</u>	COUNTY <u>mont</u>
CUSTOMER <u>Dock</u>			
MAILING ADDRESS			
CITY			
STATE		ZIP CODE	
TIME ARRIVED ON LOCATION			

WELL DATA	
HOLE SIZE <u>6 7/8</u>	PACKER DEPTH
TOTAL DEPTH <u>1520</u>	PERFORATIONS
	SHOTS/FT
CASING SIZE <u>2 1/2</u>	OPEN HOLE
CASING DEPTH <u>1520</u>	
CASING WEIGHT	TUBING SIZE
CASING CONDITION	TUBING DEPTH
	TUBING WEIGHT
	TUBING CONDITION
TREATMENT VIA	

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>289</u>	<u>Kick</u>		
<u>202</u>	<u>Brad</u>		
<u>255</u>	<u>Conn</u>		
<u>402</u>	<u>Shene</u>		

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"/> MISP. 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  
run out 10 bbl water started gel then ran in 100 sand  
brake circ. started run in 200 lbs run till out of ann then displaced  
plug to 1520 ft with each bbl shut in wash up

AUTHORIZATION TO PROCEED  
Wilder Bank

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

TIME AM/PM	STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND/STAGE	PSI	
							BREAKDOWN PRESSURE
							DISPLACEMENT
							MIX PRESSURE
							MIN PRESSURE
							ISIP
							15 MIN.
							MAX RATE
							MIN RATE

[Signature]