

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

**RECEIVED**  
*2004*  
**MAR 29 2010**  
**KCC WICHITA**

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. \_\_\_\_\_

1-13-04	1-15-04	1-22-04
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-30459-00-00  
County: Montgomery  
\_\_\_\_ - \_\_\_\_ - SE SW Sec. 13 Twp. 31 S. R. 14  East  West  
660' FSL    feet from S / N (circle one) Line of Section  
3300' 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: Twin Valley Enterprises Well #: D2-13  
Field Name: Cherokee Basin Coal Gas Area  
Producing Formation: Penn Coals  
Elevation: Ground: 933' Kelly Bushing: \_\_\_\_\_  
Total Depth: 1547' Plug Back Total Depth: 1542'  
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** ALT #2 KJR 5/24/07  
(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.: \_\_\_\_\_

**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: Mar. 3, 2007

**KCC Office Use ONLY**

ND 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: Twin Valley Enterprises Well #: D2-13  
 Sec. 13 Twp. 31 S. R. 14  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 <i>(Attach Additional Sheets)</i>  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 <i>(Submit Copy)</i>  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;"> <b>RECEIVED</b>  <b>MAR 29 2004</b>  <b>KCC WICHITA</b> </div>
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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"		20'	Class A	5	
Prod	6 3/4"	4 1/2"	10.5#	1542'	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		Acid, Fracture, Shot, Cement Squeeze Record		Depth
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)		
4	1347.5'-1348.5'		300 gal 10% HCl, 1655# sd, 220 BBL fl		
4	1210.5'-1211.5'		300 gal 10% HCl, 1685# sd, 220 BBL fl		
4	1146'-1148'		300 gal 10% HCl, 1680# sd, 225 BBL fl		
4	1082'-1083'		300 gal 10% HCl, 1485# sd, 180 BBL fl		
4	1048'-1050.5'		300 gal 10% HCl, 5085# sd, 410 BBL fl		

TUBING RECORD	Size 2 3/8"	Set At 1468'	Packer At NA	Liner Run Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 2-9-04	Producing Method			
	Flowing	<input checked="" type="checkbox"/> Pumping	Gas Lift	Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls. NA	Gas Mcf 2	Water Bbls. 91	Gas-Oil Ratio NA	Gravity NA
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Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled _____ <input type="checkbox"/> Other (Specify) _____	





**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

**ORIGINAL**

TICKET NUMBER 23869

KCC WICHITA

LOCATION Bulla

**FIELD TICKET**

DATE 1-16-04	CUSTOMER ACCT # 2368	WELL NAME Twin Valley Encl	QTR/QTR	SECTION 13	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		525.00
5402	1547	production casing Footage		216.58
1105	2 sks	COITENSEED hulls		25.90
1107	3 sks	Fla seal		113.25
1110	19 sks	Gilsonite		368.60
1111	412 lbs	Salt		103.00
1118	5 sks	Gel		59.00
1123	6700	City Aqo		75.60
4404	1	2 1/2" rubber plug		27.00
1205	3 gal	Super Sweet		67.50
1238	1 gal	Soap		30.00
BLENDING & HANDLING				
5407	min	TON-MILES		190.80
STAND BY TIME				
MILEAGE				
5501	3 hrs	WATER TRANSPORTS		240.00
5502	3 hrs	VACUUM TRUCKS		225.00
FRAC SAND				
1124	190 sks	CEMENT 50/50 102		1251.00
				SALES TAX
				112.56
ESTIMATED TOTAL				3632.99

Ravin 2790

CUSTOMER or AGENTS SIGNATURE William Babz

CIS FOREMAN J Santos

CUSTOMER or AGENT (PLEASE PRINT)

DATE

198697

