

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 SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

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2004
MAR 29-2010
KCC WICHITA

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. _____
1-9-04 1-13-04 1-22-04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 125-30460-00-00
County: Montgomery
W2 ~~NE~~ NE NW Sec. 19 Twp. 31 S. R. 15 East West
3627' FSL 4627' feet from S / N (circle one) Line of Section
3163' 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 #: A2-19
Field Name: Cherokee Basin Coal Gas Area
Producing Formation: Penn Coals
Elevation: Ground: 952' Kelly Bushing: _____
Total Depth: 1547' Plug Back Total Depth: 1542'
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 KCR 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 26th 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

X

ORIGINAL

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: Sycamore Springs Ranch Well #: A2-19
 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: right;"> RECEIVED <i>2004</i> MAR 29 2010 KCC WICHITA </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"		22'	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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)		Depth
4	1353'-1354'	300 gal 10% HCl, 1635# sd, 225 BBL fl		
4	1139.5'-1141.5'	300 gal 10% HCl, 1695# sd, 210 BBL fl		
4	1075'-1076'	300 gal 10% HCl, 1420# sd, 160 BBL fl		
4	1043'-1046.5'	300 gal 10% HCl, 7135# sd, 475 BBL fl		

TUBING RECORD		Size 2 3/8"	Set At 1501'	Packer At NA	Liner Run Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of First, Resumed Production, SWD or Enhr. 2-5-04		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 0	Water Bbls. 42	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, Submit ACO-18.) 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 23858

LOCATION Bartholomew

KCC WICHITA

FIELD TICKET

2368

DATE 1-14-04	CUSTOMER ACCT # 2863	WELL NAME Sycamore Springs Lench	QTR/QTR A2-19	SECTION 19	TWP 31S	RGE 15E	COUNTY Montgomery	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
1105	2 sks	Cottonseed Hulls		25.90
1107	3 sks	Flo Seal		113.25
1110	19 sks	Gilsonite		368.60
1111	450 #	Granulated Salt		112.50
1118	5 sks	Premium Gel		59.00
1123	7000 gal.	City Water		28.25
4404	1	4 1/2" Rubber Plug		22.00
1205	1 1/2 gal	Supersweet		33.25
1238	1 gal	Mud Flush		30.00
5401	min	BLENDING & HANDLING		190.00
		TON-MILES		
		STAND BY TIME		
		MILEAGE		
5501	3 1/2	WATER TRANSPORTS		280.00
5508	3 1/2	VACUUM TRUCKS		262.50
		FRAC SAND		
1124	190 sks	CEMENT		1254.00
		Montgomery Co. 5.3% SALES TAX		108.00
ESTIMATED TOTAL				3468.32

Ravin 2780

CUSTOMER or AGENTS SIGNATURE Willie Baber CIS FOREMAN Tracy Williams

CUSTOMER or AGENT (PLEASE PRINT)

DATE

188629

ORIGINAL

Y
86637

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MAR 29 2010

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

KCC WICHITA

TICKET NUMBER 32620
LOCATION Bartlesville
FOREMAN Tracy L. Williams

TREATMENT REPORT

DATE	CUSTOMER #	WELL NAME	FORMATION
1-14-04	2863	S.S.R. A2-19	
SECTION	TOWNSHIP	RANGE	COUNTY
19	31S	15E	Montgomery
CUSTOMER			
Dart			
MAILING ADDRESS			
CITY			
STATE		ZIP CODE	
TIME ARRIVED ON LOCATION			

TRUCK #	DRIVER	TRUCK #	DRIVER
418	Tim		
409	Dannie		
412	Coop		
117	Danny		

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		

WELL DATA

HOLE SIZE	6 3/4	PACKER DEPTH	
TOTAL DEPTH	1547	PERFORATIONS	
		SHOTS/FT	
CASING SIZE	4 1/2	OPEN HOLE	
CASING DEPTH	1542		
CASING WEIGHT	10.5	TUBING SIZE	
CASING CONDITION	NEW	TUBING DEPTH	
	24.59 Displace	TUBING WEIGHT	
		TUBING CONDITION	
TREATMENT VIA			

INSTRUCTION PRIOR TO JOB Ran 2 bbls of gel, 5 bbl spacer, 15 bbl mud flush, & 5 bbl spacer while breaking circulation. Ran 190 lbs calcium mix with 5# gilsonite, 5# salt & gel, 4# 3/16 shut d. & washed up behind plug. Pumped plug to bottom & set shoe & shut in. Circulated 10 bbl cement slurry to

AUTHORIZATION TO PROCEED

TITLE

DATE

William Barber

TIME AM / PM	STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
						150	BREAKDOWN PRESSURE
						500	DISPLACEMENT
				set plug		1000	MIX PRESSURE
							MIN PRESSURE
						0	ISIP
							15 MIN.
						5	MAX RATE