

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

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KCC WICHITA

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. \_\_\_\_\_

<u>1-22-04</u>	<u>1-30-04</u>	<u>1-31-04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 205-25684-00-00  
County: Wilson  
\_\_\_\_ NW NE Sec. 28 Twp. 30 S. R. 15  East  West  
4639' FSL \_\_\_\_\_ feet from S / N (circle one) Line of Section  
1900' 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: Orr Well #: A3-28  
Field Name: Cherokee Basin Coal Gas Area

Producing Formation: Penn Coals

Elevation: Ground: 999' Kelly Bushing: \_\_\_\_\_

Total Depth: 1487' Plug Back Total Depth: 1484'

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 KGR 5/29/07  
(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: 3-29-04

Subscribed and sworn to before me this 29<sup>th</sup> day of March

2004

Notary Public: Karen L. Welton

Date Commission Expires: My Comm. 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: Orr Well #: A3-28  
 Sec. 28 Twp. 30 S. R. 15  East  West County: Wilson

**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	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>APR 01 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"	9.5#	1484'	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 <i>(Amount and Kind of Material Used)</i>		Depth
4	1094'-1095.5'	300 gal 10% HCl, 1660# sd, 225 BBL fl		
4	1033'-1034'	300 gal 10% HCl, 1690# sd, 215 BBL fl		
4	985'-987.5'	300 gal 10% HCl, 5110# sd, 415 BBL fl		
4	869.5'-870.5'	300 gal 10% HCl, 1705# sd, 235 BBL fl		

TUBING RECORD		Size <b>2 3/8"</b>	Set At <b>1418'</b>	Packer At <b>NA</b>	Liner Run Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of First, Resumed Production, SWD or Enhr. <b>2-14-04</b>		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. <b>NA</b>	Gas Mcf <b>0</b>	Water Bbls. <b>42</b>	Gas-Oil Ratio <b>NA</b>	Gravity <b>NA</b>

Disposition of Gas  Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled \_\_\_\_\_  
*(If vented, Sumit 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

APR 01 2004

KCC WICHITA

ORIGINAL

TICKET NUMBER 23965

LOCATION Bartlesville

FIELD TICKET

DATE 1-31-04	CUSTOMER ACCT # 2368	WELL NAME Orr A3-08	QTR/QTR	SECTION 28	TWP 30S	RGE 15E	COUNTY Wilson	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	Flp Seal		113.85
1110	19 sks	Gilsonite		368.60
1111	450 #	Granulated Salt		112.50
1118	6 sks	Premium Gel		10.80
1123	6500 gal	City Water		13.13
4404	1	4 1/2" Rubber Plug		21.00
1205	1 1/2 gal	Supersweet		33.75
1238	1 gal	Mud Flush		30.00
BLENDING & HANDLING				
5407	min	TON-MILES		190.00
STAND BY TIME				
MILEAGE				
5501	4 hrs	WATER TRANSPORTS		300.00
5502	4 hrs	VACUUM TRUCKS		300.00
FRAC SAND				
1124	190 sks	CEMENT		1254.00
				Wilson Co 6.3% SALES TAX
				188.85

Revin 2790

ESTIMATED TOTAL 3572.78

CUSTOMER or AGENTS SIGNATURE Willie Banks

CIS FOREMAN

Tracy L. Mann

CUSTOMER or AGENT (PLEASE PRINT)

DATE

1898833

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

RECEIVED  
 APR 01 2004  
 KCC WICHITA

ORIGINAL  
 TICKET NUMBER 32555  
 LOCATION Bartlesville  
 FOREMAN Tracy L. Williams

TREATMENT REPORT

DATE	CUSTOMER #	WELL NAME	FORMATION
1-31-04	2368	Orr A3-28	
SECTION	TOWNSHIP	RANGE	COUNTY
28	30S	15E	Wilson
CUSTOMER Dart			
MAILING ADDRESS			
CITY			
STATE		ZIP CODE	
TIME ARRIVED ON LOCATION			

WELL DATA	
HOLE SIZE 6 3/4	PACKER DEPTH
TOTAL DEPTH 148'	PERFORATIONS
	SHOTS/FT
CASING SIZE 4 1/2	OPEN HOLE
CASING DEPTH 1484	
CASING WEIGHT 9.5	TUBING SIZE
CASING CONDITION	TUBING DEPTH
	TUBING WEIGHT
	TUBING CONDITION
TREATMENT VIA	

TRUCK #	DRIVER	TRUCK #	DRIVER
418	Tim		
418	Jeff H		
428	Danny		
202	Travis		

TYPE OF TREATMENT

<input checked="" 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"/> PLUGBACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISR. 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 Ran 20 sks of gel 5 bbl spacer, 15 bbl mud flush & 5 bbl spacer while break circulation, ran 190 sks of 50/50 premix with 5% gelsonite 5% salt 2% gel 4% flo shut down & washed up behind plus Pumped plug at bottom & set shoe. Circulated 2 bbl cement slurry to pit.

AUTHORIZATION TO PROCEED: Will Baker 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

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