

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)
 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>2-24-04</u>	<u>2-26-04</u>	<u>3-1-04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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API No. 15 - 205-25709-00-00
 County: Wilson
 _____ NE _____ SE _____ NW Sec. 16 Twp. 30 S. R. 15 East West
3330' FSL _____ feet from S / N (circle one) Line of Section
3297' 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: Kebert Trust Well #: B2-16
 Field Name: Cherokee Basin Coal Gas Area
 Producing Formation: Penn Coals
 Elevation: Ground: 997' Kelly Bushing: _____
 Total Depth: 1445' Plug Back Total Depth: 1439'
 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 KQR 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: 4.2.04
 Subscribed and sworn to before me this 2nd day of April,
 2004
 Notary Public: Karen L. Welton
 Date Commission Expires: _____
 Notary Public, Ingham County, MI
 My Comm. Expires Mar. 3, 2007

KCC Office Use ONLY
 Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution



ORIGINAL

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: Keibert Trust Well #: B2-16
 Sec. 16 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 & Dual Induction	Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum See Attached <div style="text-align: center;"> RECEIVED APR 05 2004 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"	9.5#	1439'	50/50 Poz	185	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
	See Attached		

TUBING RECORD	Size 2 3/8"	Set At 1411'	Packer At NA	Liner Run Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Date of First, Resumed Production, SWD or Enhr. 3-22-04	Producing Method Flowing <input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) <input type="checkbox"/>
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Estimated Production Per 24 Hours	Oil Bbls. NA	Gas Mcf 0	Water Bbls. 70	Gas-Oil Ratio NA	Gravity NA
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Disposition of Gas METHOD OF COMPLETION Production Interval

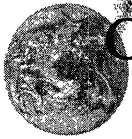
Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Sumit ACO-18.) Other (Specify)

ORIGINAL

Dart Cherokee Basin Operating Co LLC #33074
Kebert Trust B2-16 API #15-205-25709-00-00
NE SE NW Sec 16 T30S-R15E
Attachment to ACO-1 Well Completion Form

Shots Per Foot	Perforation Record	Acid, Fracture, Shot, Cement Squeeze Record	Depth
4	1264'-1265', 1257'-1258'	300 gal 10% HCl, 3085# sd, 305 BBL fl	
4	1138.5'-1139.5'	300 gal 10% HCl, 1645# sd, 215 BBL fl	
4	1072'-1074'	300 gal 10% HCl, 1700# sd, 215 BBL fl	
4	1010.5'-1011.5'	300 gal 10% HCl, 1680# sd, 200 BBL fl	
4	959.5'-962'	300 gal 10% HCl, 5570# sd, 305 BBL fl	
4	848.5'-849.5'	300 gal 10% HCl, 1705# sd, 220 BBL fl	

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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 23903

LOCATION Bartlesville

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
2-29-04	2368	Kebert Trust B2-16		16	30S	15E	Wilson	
CHARGE TO <u>Drct</u>				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	3 sks	Cottonseed Hulls		38.85
1107	3 sks	E/O Seal		113.25
1110	19 sks	Gilsonite		368.60
1111	450 #	Granulated Salt		110.50
1118	6 sks	Premium Gel		70.80
1123	2500 gal	City Water		24.38
4404	1	4 1/2" Rubber Plug		27.00
1205	1 1/2 gal	Supersweet		33.25
1238	1 gal	Mud Flush		30.00
		BLENDING & HANDLING		
5407	min	TON-MILES		190.00
		STAND BY TIME		
		MILEAGE		
5501	3 1/2 hrs	WATER TRANSPORTS		280.00
5502	3 1/2 hrs	VACUUM TRUCKS		262.50
		FRAC SAND		
1124	185 sks	CEMENT		1221.00
		Wilson Co 6.3% SALES TAX		128.89

Ravin 2790

ESTIMATED TOTAL 3485.92

CUSTOMER or AGENTS SIGNATURE William Bates CIS FOREMAN Tracy L. Williams

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE _____

189124

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

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TICKET NUMBER **30035**
 LOCATION *Barthesville*
 FOREMAN *Tracy Williams*

TREATMENT REPORT

ORIGINAL

DATE <i>2-28-04</i>	CUSTOMER # <i>2368</i>	WELL NAME <i>Robert Faust BQ-16</i>	FORMATION
SECTION <i>16</i>	TOWNSHIP <i>30S</i>	RANGE <i>15E</i>	COUNTY <i>Wilson</i>
CUSTOMER <i>Dart</i>			
MAILING ADDRESS			
CITY			
STATE		ZIP CODE	
TIME ARRIVED ON LOCATION			

TRUCK #	DRIVER	TRUCK #	DRIVER
<i>418</i>	<i>Tim</i>		
<i>407</i>	<i>Dominic</i>		
<i>408</i>	<i>Tom</i>		
<i>408</i>	<i>Danny</i>		

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"/>

WELL DATA

HOLE SIZE <i>6 3/4</i>	PACKER DEPTH
TOTAL DEPTH <i>1445</i>	PERFORATIONS
	SHOTS/FT
CASING SIZE <i>4 1/2</i>	OPEN HOLE
CASING DEPTH <i>1439</i>	
CASING WEIGHT <i>9.5</i>	TUBING SIZE
CASING CONDITION <i>23.38</i>	TUBING DEPTH
	TUBING WEIGHT
	TUBING CONDITION
TREATMENT VIA	

PRESSURE LIMITATIONS

THEORETICAL	INSTRUCTED
SURFACE PIPE	
ANNULUS LONG STRING	
TUBING	

INSTRUCTION PRIOR TO JOB *Washed down 8' of casing while running 2 sks of 5.75 bbl mud flush. Ran 18 sks 50/50 ppm mix with 5 galisonite 5% salt @ 2 gal + 4 1/2 @ 13.5 ppm. Shut down & washed up behind plug. Pumped plug to bottom & set shoe. Shut in. Circulated 9 bbl cement slurry to put...*

AUTHORIZATION TO PROCEED: *Willie Barty* 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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