

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 **RECEIVED**  
 Phone: (517) 244-8716 **MAR 08 2004**  
 Contractor: Name: McPherson **KCC WICHITA**  
 License: 5675  
 Wellsite Geologist: Bill Barks  
 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. \_\_\_\_\_  

<u>6-26-03</u>	<u>6-28-03</u>	<u>7-10-03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 205-25631-00-00  
 County: Wilson  
 \_\_\_\_\_ NW NE Sec. 35 Twp. 30 S. R. 15  East  West  
4620' FSL feet from S / N (circle one) Line of Section  
1500' 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: Almond et al Well #: A3-35  
 Field Name: Neodesha  
 Producing Formation: Penn Coals  
 Elevation: Ground: 1022' Kelly Bushing: \_\_\_\_\_  
 Total Depth: 1406' Plug Back Total Depth: 1400'  
 Amount of Surface Pipe Set and Cemented at 21' 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 5/23/07  
 (Data must be collected from the Reserve Pit)  
 Chloride content \_\_\_\_\_ 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: 3-3-04  
 Subscribed and sworn to before me this 3rd day of March,  
2004.  
 Notary Public: Karen L. Welton  
 Late 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

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: Almond et al Well #: A3-35  
 Sec. 35 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, and 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; font-weight: bold; font-size: 1.2em;">                     RECEIVED                       MAR 08 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"		21'	Class A	4	
Prod	6 3/4"	4 1/2"	10.5	1400'	50/50 Poz	170	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)		
6	1147'-1150.5'		300 gal 12% HCl, 5960# sd, 395 BBL fl		
6	1063'-1065'		300 gal 12% HCl, 1820# sd, 210 BBL fl		
6	1003'-1004'		300 gal 12% HCl, 1655# sd, 170 BBL fl		
6	964'-967'		300 gal 12% HCl, 7720# sd, 485 BBL fl		
6	835'-836'		300 gal 12% HCl, 1570# sd, 205 BBL fl		

TUBING RECORD	Size 2 3/8"	Set At 1108'	Packer At NA	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 8-30-04	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
Estimated Production Per 24 Hours	Oil Bbls. NA	Gas Mcf 0	Water Bbls. 30	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, Sumit ACO-18.)*       Other (Specify) \_\_\_\_\_



ORIGINAL

RECEIVED

MAR 08 2004

KCC WICHITA

TICKET NUMBER 19529

LOCATION Berthelville



**CONSOLIDATED**  
OIL WELL  
SERVICES  
AN INFINITY COMPANY

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

FIELD TICKET

DATE 6-30-03	CUSTOMER ACCT # 2368	WELL NAME Almond-ET-#213-35	QTR/QTR 35	SECTION 35	TWP 30	RGE 15	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 <u>LOWESTRING</u>		\$525.00
1105	1 SK	LOTION SEED HULLS	*	\$12.95
1107	3 SKs	F/O-SEAL	*	\$113.25
1110	17 SKs	Cal's WHITE SALT	*	\$329.80
1111	400 #	SALT	*	\$40.00
1116	5 SK	Co.L	*	\$59.00
1123	6,700 gal	CITY H2O	*	\$75.39
4404	1	4 1/2 Rubber plug	*	\$27.00
1205	1 1/2 gal	super sweetener		\$33.75
1213	1 gal	foamer		\$32.00
BLENDED & HANDLING				
5407	1 TPK	TON-MILES <u>MIN</u>		\$70.00
STAND BY TIME				
MILEAGE				
5501	4 Hrs	WATER TRANSPORTS		\$300.00
5502	4 HRS	VACUUM TRUCKS		\$280.00
FRAC SAND				
1124	170 SK	CEMENT <u>50/50</u>	*	\$1096.50
				SALES TAX \$96.46

ESTIMATED TOTAL \$3211.09

CUSTOMER or AGENT'S SIGNATURE

Willie Brantley

CIS FOREMAN

Travis Thorne

184970

RECEIVED

ORIGINAL

MAR 08 2004

KCC WICHITA

CONSOLIDATED OIL WELL SERVICES, INC.  
211 W. 14TH STREET, CHANUTE, KS 66720  
620-131-9210 OR 800-467-8676

TICKET NUMBER 22928

LOCATION Bartlesville  
FOREMAN Travis Thome

TREATMENT REPORT

DATE <u>6-30-08</u>	CUSTOMER ACCT # <u>9368</u>	WELL NAME <u>Almond ET AL A335</u>	QTR/QTR	SECTION <u>35</u>	TWP <u>30</u>	RGE <u>15</u>	COUNTY <u>Wilson</u>	FORMATION
CHARGE TO <u>DART</u>				OWNER				
MAILING ADDRESS				OPERATOR				
CITY				CONTRACTOR				
STATE				DISTANCE TO LOCATION				
ZIP CODE				TIME LEFT LOCATION				
TIME ARRIVED ON LOCATION								

WELL DATA	
HOLE SIZE	<u>6 3/4</u>
TOTAL DEPTH	<u>1401</u>
CASING SIZE	<u>4 1/2</u>
CASING DEPTH	<u>1400</u>
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	

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"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS		
THEORETICAL	INSTRUCTED	
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTION PRIOR TO JOB:

JOB SUMMARY

DESCRIPTION OF JOB EVENTS:

Run line ahead ran 2 sks of gel 10 BBL mud flush broke circulation pumped 170 sks of 5750 sd g/l 5% sch 2% gel w/ Flo shut down dropped plug pumped plug to bottom circulation cement to surface set shoe 1200'

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	
FINAL BPM	
MINIMUM BPM	
MAXIMUM BPM	
AVERAGE BPM	