

**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

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 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>10-15-03</u>	<u>10-17-03</u>	<u>10-20-03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 205-25668-00-00 **ORIGINAL**
 County: Wilson
 _____ NW _____ NE _____ SE _____ Sec. 32 Twp. 30 S. R. 15 East West
2200' FSL _____ feet from S / N (circle one) Line of Section
850' 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: EJ Scott Trust Well #: C4-32
 Field Name: Cherokee Basin Coal Gas Area
 Producing Formation: Penn Coals
 Elevation: Ground: 930' Kelly Bushing: _____
 Total Depth: 1447' Plug Back Total Depth: 1440'
 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: Admin & Engr Asst Date: 3-16-04
 Subscribed and sworn to before me this 16th 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

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: EJ Scott Trust Well #: C4-32
 Sec. 32 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 SFL/GR	Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum See Attached <div style="text-align: center;"> <p>RECEIVED</p> <p>MAR 19 2004</p> <p>KCC WICHITA</p> </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	1440'	50/50 Poz	175	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)	
	See Attached		

TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes	<input checked="" type="checkbox"/> No
		2 3/8"	1400'	NA			
Date of First, Resumed Production, SWD or Enhr.			Producing Method				
11-1-03			Flowing	<input checked="" type="checkbox"/> Pumping	Gas Lift	Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		
	NA	0	1	NA	NA		

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

Dart Cherokee Basin Operating Co LLC #33074
 EJ Scott Trust C4-32 API #15-205-25668-00-00
 NW NE SE Sec 32 T30S-R15E
 Attachment to ACO-1 Well Completion Form

Shots Per Foot	Perforation Record	Acid, Fracture, Shot, Cement Squeeze Record	Depth
6	1312.5'-1313.5'	300 gal 12% HCl, 30 BBL fl	
6	1272'-1273'	300 gal 12% HCl, 1665# sd, 230 BBL fl	
6	1135'-1136.5'	300 gal 12% HCl, 2330# sd, 300 BBL fl	
6	1067.5'-1069'	300 gal 12% HCl, 1640# sd, 230 BBL fl	
6	1007'-1008.5'	300 gal 12% HCl, 2525# sd, 310 BBL fl	
6	964'-967'	500 gal 12% HCl, 15 bio-balls, 6045# sd, 630 BBL fl	
6	844.5'-845.5'	300 gal 12% HCl, 1850# sd, 230 BBL fl	

RECEIVED
 MAR 19 2004
 KCC WICHITA



CONSOLIDATED
OIL WELL
SERVICES
AN INFINITY COMPANY

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

RECEIVED

MAR 19 2004

KCC WICHITA

FIELD TICKET

ORIGINAL

TICKET NUMBER 23024

LOCATION Bartheville

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
10-17-03	2863	EJ Scott Trust C4-32		32	30 S	15 E	Wilson	
CHARGE TO <u>Dart</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 <u>Production Casing</u>		525.00
1105	2 sks	Cottonseed Halls		25.90
1107	2 sks	Flo Seal		15.50
1110	18 sks	Gilsonite		349.20
1111	450#	Granulated Salt		112.50
1118	5 sks	Premium Gel		59.00
1123	6,500 gal	City Water		23.13
4404	1	4 1/2" Rubber Plug		21.00
1205	1 1/2 gal	Biacide		33.15
1238	1 gal	Mud Flush		30.00
BLENDING & HANDLING				
5407	min	TON-MILES		190.00
STAND BY TIME				
MILEAGE				
5501	4 hrs	WATER TRANSPORTS		320.00
5502	4 hrs	VACUUM TRUCKS		300.00
FRAC SAND				
1124	175 sks	CEMENT		1188.75
				Wilson Co, 6.3% SALES TAX
				116.61
ESTIMATED TOTAL				3366.34

Ravin 2790

CUSTOMER or AGENTS SIGNATURE Walter Dake CIS FOREMAN Juicy L. Williams

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE _____

187134

