

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

ORIGINAL

Operator: License # 33074
Name: Dart Cherokee Basin Operating Co., LLC
Address: P O Box 177
City/State/Zip: Mason MI 48854-0177
Purchaser: Farmland
Operator Contact Person: Beth Oswald
Phone: (517) 244-8716
Contractor: Name: McPherson
License: 5675
Wellsite Geologist: Bill Barks

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MAY 03 2004

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: Dart Cherokee Basin Operating Co LLC

Well Name: C Smith B2-34

Original Comp. Date: 12-13-02 Original Total Depth: 1404'

☐ 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. _____

| | | |
|-----------------------------------|-----------------|---|
| 9-3-03 | 10-24-02 | 9-13-03 |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 205-25568-00-0/
County: Wilson
SE SE NW Sec. 34 Twp. 30 S. R. 15 ☒ East ☐ West
3147' FSL feet from S / N (circle one) Line of Section
3137' 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: C Smith Well #: B2-34

Field Name: Neodesha

Producing Formation: Penn Coals

Elevation: Ground: 922' Kelly Bushing: _____

Total Depth: 1404' Plug Back Total Depth: 1387'

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 OWWO KJR 06/06/07
(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 Eng Asst Date: 4-30-04

Subscribed and sworn to before me this 30th day of April

2004

Notary Public: Karen L. Welton

Date Commission Expires: 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

ORIGINAL

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: C Smith Well #: B2-34
 Sec. 34 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 ☐ Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum ☒ Sample

Name Top Datum

See Attached

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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 | 4 | |
| Prod | 6 3/4" | 4 1/2" | 10.5 | 1394' | 50/50 Poz | 110 | See Attached |
| | | | | | | | |

| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|---------------------------------------|------------------|----------------|-------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
| ___ Perforate | | | | |
| ___ Protect Casing | | | | |
| ___ Plug Back TD | | | | |
| ___ 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 |
|----------------|---|---|-------|
| 6 | 1094'-1096' | 21 gal 12% HCl, 2695# sd, 210 BBL fl | |
| 6 | 1073'-1075' | 21 gal 12% HCl, 2790# sd, 170 BBL fl | |
| 2 existing | 1050'-1056.5' | | |
| | | | |
| | | | |

| TUBING RECORD | | Size | Set At | Packer At | Liner Run | Yes | No |
|---|-----------|--|-------------|---------------|-----------|-----|----|
| | | 2 3/8" | 1200' | NA | | | |
| Date of First, Resumed Production, SWD or Enhr. | | Producing Method | | | | | |
| 9-15-03 | | 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 | | |
| | 3 | 0 | 41 | NA | 29 | | |

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) _____