

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. _____
5-24-04 5-26-04 6-2-04
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 205-25727-00-00
County: Wilson
SE NW SE Sec. 12 Twp. 30 S. R. 14 East West
2050' FSL feet from S / N (circle one) Line of Section
1700' 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: Graff Trust Well #: C3-12
Field Name: Cherokee Basin Coal Gas Area
Producing Formation: Penn Coals
Elevation: Ground: 954' Kelly Bushing: _____
Total Depth: 1346' Plug Back Total Depth: 1341'
Amount of Surface Pipe Set and Cemented at 43 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 KJR 6/01/07
(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: 6-25-04
Subscribed and sworn to before me this 25th day of June, 2004
Notary Public: Karen L. Welton
Date Commission Expires: _____
*Karen L. Welton
Notary Public, Ingham County, MI
My Comm. Expires Mar. 3, 2007
Acting in Ingham County*

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: Graff Trust Well #: C3-12
 Sec. 12 Twp. 30 S. R. 14 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; font-weight: bold; font-size: 1.2em;"> RECEIVED JUN 28 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"		43'	Class A	9	
Prod	6 3/4"	4 1/2"	10.5#	1341'	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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
4	980.5'-981.5' / 970.5'-971.5'	500 gal 10% HCl, 10 balls, 2820# sd, 295 BBL fl	
4	915'-917.5'	300 gal 10% HCl, 5095# sd, 375 BBL fl	
4	809'-810'	300 gal 10% HCl, 1635# sd, 200 BBL fl	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8"	1208'	NA	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Date of First, Resumed Production, SWD or Enhr.	Producing Method
6-9-04	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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	NA	5	42	NA	NA

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

TICKET NUMBER **24957**

LOCATION Bartlesville

FIELD TICKET

DATE 5-27-04	CUSTOMER ACCT # 2368	WELL NAME Graff Trust C3-12	QTR/QTR	SECTION 1d	TWP 30S	RGE 14E	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		675.00
1105	2 sks	Cottonseed Hulls		25.90
1107	3 sks	Flo Seal		113.25
1110	17 sks	Gilsonite	328.80	334.90
1111	400 #	Granulated Salt		100.00
1118	6 sks	Premium Gel		70.80
1123	6,500 gal	City Water		23.13
4404	1	4 1/2" Rubber Plug		35.00
1205	1 1/2 gal	Supersweet		33.25
1238	1 gal	Mud Flush		30.00
5407	min	BLENDING & HANDLING TON-MILES STAND BY TIME MILEAGE		190.00
5501C	4 1/2 hrs	WATER TRANSPORTS		360.00
5502C	4 1/2 hrs	VACUUM TRUCKS		337.50
1124	170 sks	CEMENT		1122.00
		SALES TAX		118.18 117.80

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Ravin 2790 ESTIMATED TOTAL ~~3619.35~~ 3613.93

CUSTOMER or AGENTS SIGNATURE William Bales CIS FOREMAN Tracy Williams

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE 190569

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

TICKET NUMBER **31224**
 LOCATION Bartlesville
 FOREMAN Tracy Williams

TREATMENT REPORT

DATE	CUSTOMER #	WELL NAME	FORMATION
5-27-04	2368	Graft Trust	C3-12
SECTION	TOWNSHIP	RANGE	COUNTY
12	30S	14E	Wilson
CUSTOMER			
Dart			
MAILING ADDRESS			
CITY			
STATE		ZIP CODE	
TIME ARRIVED ON LOCATION			

TRUCK #	DRIVER	TRUCK #	DRIVER
418	Tim		
409	Brian		
403	Tom		
285	Bobby		

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 checked="" type="checkbox"/> PLUG & ABANDON	<input checked="" type="checkbox"/> FRAC
<input checked="" type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input checked="" type="checkbox"/> MISF PUMP	<input type="checkbox"/>
<input type="checkbox"/> OTHER	<input type="checkbox"/>

PRESSURE LIMITATIONS

	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

WELL DATA

HOLE SIZE	6 7/8	PACKER DEPTH	
TOTAL DEPTH	1346	PERFORATIONS	
		SHOTS/FT	
CASING SIZE	4 1/2	OPEN HOLE	
CASING DEPTH	1341		
CASING WEIGHT	10.5	TUBING SIZE	
CASING CONDITION		TUBING DEPTH	
	21.38	TUBING WEIGHT	
		TUBING CONDITION	
TREATMENT VIA			

INSTRUCTION PRIOR TO JOB Ran 120 sks of gel with 1 sk Halls 5 bbl water, 15 bbl mud flush while breaking pipe. Ran 120 sks 50/50 with 5# oil, kerite 5% salt 2 1/2 gal + 4# 5/8 @ 13.5 ppg. Shutdown & washed up behind plug. Pumped plug to bottom & set shoe. Shut in. Circulated 8 bbl cement slurry to pit.

AUTHORIZATION TO PROCEED

TITLE

DATE

Tracy Williams

TIME AM / PM	STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
							BREAKDOWN PRESSURE
							DISPLACEMENT
							MIX PRESSURE 117.35
							MIN PRESSURE
							ISIP 117.35
							15 MIN.
							MAX RATE
							MIN RATE

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