

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

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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>5-4-04</u> | <u>5-6-04</u> | <u>5-10-04</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 205-25766-00-00
County: Wilson
____ C_ NW_ NW Sec. 16 Twp. 30 S. R. 15 East West
4620' FSL feet from S / N (circle one) Line of Section
4620' 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 #: A1-16
Field Name: Cherokee Basin Coal Gas Area
Producing Formation: Penn Coals
Elevation: Ground: 995' Kelly Bushing: _____
Total Depth: 1446' Plug Back Total Depth: 1441'
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 KGR 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: 6-22-04
Subscribed and sworn to before me this 22nd day of June,
2004
Notary Public: Karen S. Kubson
Date Commission Expires: _____

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: Keber Trust Well #: A1-16
 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 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:

High Resolution Compensated Density Neutron & Dual Induction

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" | | 22' | Class A | 5 | |
| Prod | 6 3/4" | 4 1/2" | 10.5# | 1446' | 50/50 Poz | 180 | 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 |
|----------------|---|---|-------|
| 4 | 1289.5'-1290.5' | 300 gal 10% HCl, 1600# sd, 235 BBL fl | |
| 4 | 1077'-1078.5' / 1090.5'-1092' | 300 gal 10% HCl, 3820# sd, 315 BBL fl | |
| 4 | 962.5'-965.5' | 300 gal 10% HCl, 6065# sd, 470 BBL fl | |
| 4 | 851'-852' | 300 gal 10% HCl, 1470# sd, 155 BBL fl | |

| TUBING RECORD | | Size | Set At | Packer At | Liner Run | Yes | <input checked="" type="checkbox"/> No |
|---|-----------|------------------|-------------|---|-----------|--------------------------|--|
| | | 2 3/8" | 1428' | NA | | | |
| Date of First, Resumed Production, SWD or Enhr. | | Producing Method | | | | | |
| 5-29-04 | | 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 | 1 | 30 | NA | NA | | |

Disposition of Gas Vented Sold Used on Lease (If vented, Sumit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____



CONSOLIDATED
OIL WELL
SERVICES
AN INFINITY COMPANY

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

TICKET NUMBER **23819**
LOCATION **B'ville**

FIELD TICKET

| | | | | | | | | |
|--------------------------|--------------------------------|---------------------------|------------|----------------------|------------------|------------------|-------------------------|-----------|
| DATE 5-7-04 | CUSTOMER ACCT # 2368 | WELL NAME AL-16 | QTR/QTR | SECTION 16 | TWP 20 | 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 | 1441' | PUMP CHARGE LONGSTRING | | 675.00 |
| 1110 | 18 SX | GILSONITE | * | |
| 1111 | 400# | SALT | * | 349.20 |
| 1118 | 5 SX | GEL | * | 100.00 |
| 1107 | 3 SX | Flt seal | * | 59.00 |
| 1105 | 3 SX | HULLS | * | 113.25 |
| 4404 | 1 ea | 4 1/2 Rubber plug | * | 38.85 |
| 1123 | 5400 GAL | City H₂O | * | 35.00 |
| 1238 | 1 GAL | SOAP | * | 60.75 |
| 1205 | 1 1/2 GAL | BI-CIDE | | 30.00 |
| | | | | 33.75 |
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| 5407 | min | BLENDING & HANDLING | | |
| | | TON-MILES | | |
| | | STAND BY TIME | | 190.00 |
| | | MILEAGE | | |
| | | WATER TRANSPORTS | | |
| | | VACUUM TRUCKS | | 320.00 |
| | | FRAC SAND | | |
| 1124 | 180 SX | CEMENT 50/50 | * | 1188.00 |
| | | | * SALES TAX | 122.48 |
| ESTIMATED TOTAL | | | | 3315.28 |

Notes: Rick's used 80 vac

[Chanute H₂O]

CUSTOMER or AGENTS SIGNATURE **John Baker**

CIS FOREMAN **Jeff Graham**

CUSTOMER or AGENT (PLEASE PRINT)

DATE

190161

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

TICKET NUMBER 11612
 LOCATION Biville
 FOREMAN [Signature]

TREATMENT REPORT

| | | | |
|--------------------------|--------------------|--|------------------|
| DATE 5-7-04 | CUSTOMER # 2368 | WELL NAME <i>Robert</i> Trust A1-16 | FORMATION |
| SECTION 16 | TOWNSHIP 30 | RANGE 15 | COUNTY Wilson |
| CUSTOMER - DART | | | |
| MAILING ADDRESS | | | |
| CITY | | | |
| STATE | | ZIP CODE | |
| TIME ARRIVED ON LOCATION | | | |

| TRUCK # | DRIVER | TRUCK # | DRIVER |
|---------|--------|---------|--------|
| 419 | Coop | | |
| 407 | Jerry | | |
| 414 | George | | |
| | Tricks | | |

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"/> |

PRESSURE LIMITATIONS

| | THEORETICAL | INSTRUCTED |
|---------------------|-------------|------------|
| SURFACE PIPE | | |
| ANNULUS LONG STRING | | |
| TUBING | | |

WELL DATA

| | |
|-------------------------|------------------|
| HOLE SIZE 6 3/4 | PACKER DEPTH |
| TOTAL DEPTH 1446 | PERFORATIONS |
| | SHOTS/FT |
| CASING SIZE 4 1/2 | OPEN HOLE |
| CASING DEPTH 1441 | |
| CASING WEIGHT 10.5 # | TUBING SIZE |
| CASING CONDITION | TUBING DEPTH |
| | TUBING WEIGHT |
| | TUBING CONDITION |
| TREATMENT VIA | |

est. circ - ran 8 BBL Gel/hulls ahead of 10 BBL foamer followed
 by 10 BBL Clean tho - pumped 180 SK DART mix
 w/hulls @ 13.5 PPG - shut down - washed out lines & pump - dropped plug -
 displaced to bottom & set shoe - shut in -

AUTHORIZATION TO PROCEED

TITLE

CIRC. cm + to surface

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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