

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

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. _____

1-29-04	2-2-04	2-3-04
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-30417-00-00
County: Montgomery
SE SW NE Sec. 33 Twp. 33 S. R. 15 East West
3232' FSL _____ feet from S / N (circle one) Line of Section
1871' 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: D Clarkson Well #: B3-33
Field Name: Cherokee Basin Coal Gas Area
Producing Formation: Penn Coals
Elevation: Ground: 809' Kelly Bushing: _____
Total Depth: 1427' Plug Back Total Depth: 1415'
Amount of Surface Pipe Set and Cemented at 23 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 HGR 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: 5-21-04
Subscribed and sworn to before me this 21st day of May,
2004
Notary Public: Karen L. Welton
Date Commission Expires: My Comm. Expires Mar. 3, 2007

KCC Office Use ONLY
ND 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: D Clarkson Well #: B3-33
 Sec. 33 Twp. 33 S. R. 15 East West County: Montgomery

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
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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"		23'	Class A	5	
Prod	6 3/4"	4 1/2"	9.5#	1415'	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
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TUBING RECORD	Size	Set At	Packer At	Liner Run
				Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. Not yet complete		Producing Method		
		Flowing	<input checked="" type="checkbox"/> Pumping	Gas Lift <input type="checkbox"/> Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

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

McPherson Drilling LLC Drillers Log

Rig Number: 3	S. 33	T. 33	R. 15
API No. 15- 125-30417	County: MG		
Elev. 809'	Location:		

Operator: Dart Cherokee Basin Operating Co. LLC			
Address: 3541 CR 5400 Independence, KS 67301			
Well No: B3-33	Lease Name: D Clarkson		
Footage Location:	3232 ft. from the	South	Line
	1871 ft. from the	East	Line
Drilling Contractor:	McPherson Drilling LLC		
Spud date:	1/29/2004	Geologist:	
Date Completed:	2/2/2004	Total Depth:	1427'

Gas Tests:
Comments:
start injecting water @ 200'

Casing Record			Rig Time:
	Surface	Production	
Size Hole:	11"	6 3/4"	
Size Casing:	8 5/8"		
Weight:	23#		
Setting Depth:	23'	McPherson	
Type Cement:	Portland		
Sacks:	4	McPherson	

Well Log										
Formation	Top	Btm.		Formation	Top	Btm.		Formation	Top	Btm.
soil	0	3		shale	843	860				
shale	3	10		coal	860	862				
lime	10	25		shale	862	902				
sand	25	88	no sho	coal	902	905				
shale	88	136		sand/shale	905	943				
lime	136	150		coal	943	945				
sand/shale	150	243		sand/shale	945	983				
lime	243	305		coal	983	984				
sand/shale	305	354		sand/shale	984	1001				
oil sand	354	361		coal	1001	1003				
shale	361	444		sand/shale	1003	1012	odor			
lime	444	453		oil sand	1012	1153				
shale	453	505		sand/shale	1153	1156	odor			
lime	505	525		coal	1156	1157				
sand/shale	525	533		oil sand	1157	1223				
lime	533	537		coal	1223	1225				
shale	537	664		sand/shale	1225	1276				
pink lime	664	685	oil	coal	1276	1278				
shale	685	770		sand/shale	1278	1319				
1st Oswego	770	798	oil	Mississippi	1319	1427	TD			
Summit	798	808								
2nd Oswego	808	829								
Mulky	829	836								
3rd Oswego	836	843								

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CONSOLIDATED
OIL WELL
SERVICES
AN INFINITY COMPANY

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

TICKET NUMBER 23329

LOCATION Barthesville

FIELD TICKET

DATE <u>9-3-04</u>	CUSTOMER ACCT # <u>2368</u>	WELL NAME <u>D. Clarkson B3-33</u>	QTR/QTR	SECTION <u>33</u>	TWP. <u>33S</u>	RGE <u>15E</u>	COUNTY <u>Montgomery</u>	FORMATION
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
<u>5401</u>	<u>1</u>	<u>PUMP CHARGE Production Casing</u>		<u>525.00</u>
	<u>8</u>	<u>Cottonseed Hulls</u>		<u>25.90</u>
<u>1105</u>	<u>3</u>	<u>Flo Seal</u>		<u>113.25</u>
<u>1107</u>	<u>18</u>	<u>Gilsonite</u>		<u>349.20</u>
<u>1110</u>	<u>400#</u>	<u>Granulated Salt</u>		<u>100.00</u>
<u>1111</u>	<u>5</u>	<u>Premium Gel</u>		<u>59.00</u>
<u>1118</u>	<u>6,500 gal</u>	<u>City Water</u>		<u>23.13</u>
<u>1123</u>	<u>1</u>	<u>4 1/2" Rubber Plug</u>		<u>22.00</u>
<u>4404</u>				
<u>1205</u>	<u>1 1/2 gal</u>	<u>Supersweet</u>		<u>33.75</u>
<u>1238</u>	<u>1 gal</u>	<u>Mud Flush</u>		<u>30.00</u>
		BLENDING & HANDLING		
<u>5407</u>	<u>min</u>	TON-MILES		
		STAND BY TIME	RECEIVED	<u>190.00</u>
		MILEAGE	MAY 27 2004	
<u>5501</u>	<u>3 hrs x 2 trucks</u>	WATER TRANSPORTS	KCC WICHITA	<u>480.00</u>
		VACUUM TRUCKS		
		FRAC SAND		
<u>1124</u>	<u>180</u>	CEMENT		<u>1188.00</u>
			<u>Montgomery Co. 5.3%</u> SALES TAX	<u>102.58</u>
			ESTIMATED TOTAL	<u>3296.81</u>

Revin 2790

CUSTOMER or AGENTS SIGNATURE William Baker CIS FOREMAN Tracy Williams

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE _____

198866

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

TICKET NUMBER **32662**
 LOCATION Bartlesville
 FOREMAN Tracy L. Williams

TREATMENT REPORT

DATE <u>2-3-04</u>	CUSTOMER # <u>2368</u>	WELL NAME <u>D. Clarkson</u>	FORMATION <u>B3-33</u>
SECTION <u>33</u>	TOWNSHIP <u>335</u>	RANGE <u>15E</u>	COUNTY <u>Montgomery</u>
CUSTOMER <u>Dart</u>			
MAILING ADDRESS			
CITY			
STATE		ZIP CODE	
TIME ARRIVED ON LOCATION			

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>418</u>	<u>Tim</u>		
<u>226</u>	<u>Hubb</u>		
<u>403</u>	<u>Tom</u>		
<u>413</u>	<u>Travis</u>		

WELL DATA	
HOLE SIZE <u>6 3/4</u>	PACKER DEPTH
TOTAL DEPTH <u>1427</u>	PERFORATIONS
	SHOTS/FT
CASING SIZE <u>4 1/2</u>	OPEN HOLE
CASING DEPTH <u>1415</u>	
CASING WEIGHT <u>9.5</u>	TUBING SIZE
CASING CONDITION	TUBING DEPTH
<u>23 bbl displac</u>	TUBING WEIGHT
	TUBING CONDITION
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"/> MISP. PUMP	<input type="checkbox"/>
<input type="checkbox"/> OTHER	<input type="checkbox"/>

PRESSURE LIMITATIONS		
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTION PRIOR TO JOB Ran 2 sks of gel, 5 bbl spacer, 15 bbl mud flush, 5 bbl spacer, while breaking circ. R. 180 sks 50/50 permix with 5" gilsonite, 5% salt, 2% gel, 1/4" #5 @ 13.5 PPG. Shut down + washed up behind plug. Pumped plug to bottom + set shoe. Shut in. Circulated 11 bbl cement slurry to P.T.

AUTHORIZATION TO PROCEED: William Banks TITLE: _____ 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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