

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: Southern Star
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: Dart Cherokee Basin Operating Co LLC
Well Name: Bruening A1-17
Original Comp. Date: 5-3-03 Original Total Depth: 1504'
 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. _____
2-10-04 11-22-02 2-11-04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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API No. 15 - 125-30201-00-01
County: Montgomery
 - - NW NW Sec. 17 Twp. 33 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: Bruening Well #: A1-17
Field Name: Jefferson-Sycamore
Producing Formation: Penn Coals
Elevation: Ground: 886' Kelly Bushing: _____
Total Depth: 1504' Plug Back Total Depth: 1486'
Amount of Surface Pipe Set and Cemented at 24 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 ^{ALTER} OWWD KGR 5/30/07
(Data must be collected from the Reserve Pit)
Chloride content NA ppm Fluid volume 400 bbls
Dewatering method used empty w/ vac trk and air dry
Location of fluid disposal if hauled offsite:
Operator Name: McPherson
Lease Name: McPherson SWD License No.: 5675
Quarter SW Sec. 13 Twp. 32 S. R. 15 East West
County: Montgomery Docket No.: D-27979

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: 4-22-04
Subscribed and sworn to before me this 22nd 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

X

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: Bruening Well #: A1-17
 Sec. 17 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:	Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum See Attached <div style="text-align: center;"> RECEIVED APR 26 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"		24'	Class A	4	
Prod	6 3/4"	4 1/2"	10.5	1491'	50/50 Poz	235	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
6 existing	1363'-1364' set CIBP @ 1348'		

TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes	<input checked="" type="checkbox"/> No
		2 3/8"	1338'	NA			
Date of First, Resumed Production, SWD or Enhr.		Producing Method					
4-2-04		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	0	31	NA	NA		

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) _____