

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. _____

<u>3-9-04</u>	<u>3-11-04</u>	<u>3-17-04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

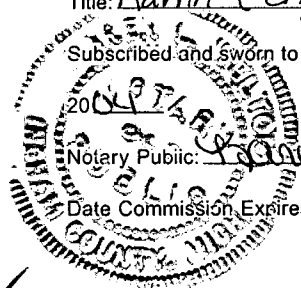
API No. 15 - 205-25737-00-00
 County: Wilson
SW NW SE Sec. 1 Twp. 30 S. R. 14 East West
1578' FSL feet from S / N (circle one) Line of Section
2034' FEL feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Holder Well #: C3-1
 Field Name: Cherokee Basin Coal Gas Area
 Producing Formation: Penn Coals
 Elevation: Ground: 834' Kelly Bushing: _____
 Total Depth: 1257' Plug Back Total Depth: 1220'
 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 6/12/07
 (Data must be collected from the Reserve Pit)
 Chloride content NA ppm Fluid volume 178 bbls
 Dewatering method used empty w/ vac trk and air dry
 Location of fluid disposal if hauled offsite: _____
 Operator Name: Dart Cherokee Basin Operating Co LLC
 Lease Name: Orr A1-28 SWD License No.: 33074
 Quarter NW Sec. 28 Twp. 30 S. R. 15 East West
 County: Wilson Docket No.: D-28282

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: 7-15-04
 Subscribed and sworn to before me this 15th day of July
 Notary Public: Karen L. Welton



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

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: Holder Well #: C3-1
 Sec. 1 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.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i></p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i></p> <p>List All E. Logs Run:</p> <p>High Resolution Compensated Density Neutron & Dual Induction</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Log</td> <td style="width: 40%;">Formation (Top), Depth and Datum</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td colspan="3" style="text-align: center;">See Attached</td> </tr> </table>	Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample	Name	Top	Datum	See Attached		
Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample								
Name	Top	Datum								
See Attached										

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	25	
Prod	6 3/4"	4 1/2"	9.5#	1220'	50/50 Poz	160	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
	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 19 2004 KCC WICHITA </div> See Attached		

TUBING RECORD	Size 2 3/8"	Set At 1187'	Packer At NA	Liner Run Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of First, Resumed Production, SWD or Enhr. 6-18-04	Producing Method 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. NA	Gas Mcf 0	Water Bbls. 50	Gas-Oil Ratio NA
				Gravity 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) _____

Dart Cherokee Basin Operating Co LLC #33074
Holder C3-1 API #15-205-25737-00-00
SW NW SE Sec 1 T30S-R14E
Attachment to ACO-1 Well Completion Form

Shots Per Foot	Perforation Record	Acid, Fracture, Shot, Cement Squeeze Record	Depth
4	1082'-1084'	300 gal 10% HCl, 3020# sd, 300 BBL fl	
4	1009.5'-1014'	300 gal 10% HCl, 3030# sd, 270 BBL fl	
4	940.5'-942.5'	300 gal 10% HCl, 1705# sd, 240 BBL fl	
4	876.5'-877.5'	300 gal 10% HCl, 1680# sd, 235 BBL fl	
4	823'-825.5'	300 gal 10% HCl, 5180# sd, 365 BBL fl	
4	723'-724'	300 gal 10% HCl, 1775# sd, 220 BBL fl	

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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 **23939**

LOCATION Bartlesville

FIELD TICKET

DATE 3-9-94	CUSTOMER ACCT # 2368	WELL NAME Holder C3-1	QTR/QTR	SECTION 1	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 Surface Casing		525.00
1102	1 sk	Calcium Chloride		34.00
5407	min	BLENDING & HANDLING TON-MILES STAND BY TIME MILEAGE		190.00
5502	3 hrs	WATER TRANSPORTS VACUUM TRUCKS FRAC SAND		225.00
1104	25 sks	CEMENT		212.50
		SALES TAX		15.53

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ESTIMATED TOTAL **1202.03**

CUSTOMER or AGENTS SIGNATURE: Willie Bab CIS FOREMAN

Joseph Williams

CUSTOMER or AGENT (PLEASE PRINT)

DATE

189338



CONSOLIDATED
OIL WELL
SERVICES
AN INFINITY COMPANY

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

TICKET NUMBER **22989**

LOCATION Bottle

FIELD TICKET

DATE 3-12-04	CUSTOMER ACCT.# 2368	WELL NAME Holder CS-1	QTR/QTR	SECTION 1	TWP 30	RGE 14	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 LONGSTRING		525.00
1110	16 sx	GILSONITE	X	310.40
1111	400 #	SALT	X	100.00
1118	5 sx	GEL	X	59.00
1107	3 sx	FLO SEAL	X	113.25
1105	4 sx	HULLS	X	51.80
4404	1 ea.	4 1/2 Rubber plug	X	27.00
1123	5400 GAL	CITY H₂O	X	60.75
1238	1 GAL	SOAP	X	30.00
1205	1 1/2 GAL	BI-CIDE	X	33.75
RECEIVED				
JUL 19 2004				
5407	MIN	BLENDING & HANDLING	KCC WICHITA	190.00
		TON-MILES		
		STAND BY TIME		
		MILEAGE		
5501	4 HR	WATER TRANSPORTS		320.00
5502	4 HR	VACUUM TRUCKS		300.00
		FRAC SAND		
1124	160 sx	CEMENT 50/50	X	1056.00
			X SALES TAX	112.03
ESTIMATED TOTAL				3288.98

Ravin 2790

CUSTOMER or AGENTS SIGNATURE

William B. ...

CIS FOREMAN

Jeff Guban

CUSTOMER or AGENT (PLEASE PRINT)

DATE

189296

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

TICKET NUMBER **30218**
 LOCATION _____
 FOREMAN _____

TREATMENT REPORT

DATE	CUSTOMER #	WELL NAME	FORMATION
3-12-04	2368	HOLDER C3-1	
SECTION	TOWNSHIP	RANGE	COUNTY
1	30	14	Wilson
CUSTOMER			
DART			
MAILING ADDRESS			
CITY			
STATE		ZIP CODE	
TIME ARRIVED ON LOCATION			

TRUCK #	DRIVER	TRUCK #	DRIVER
289	KIRK		
428	TRAVIS		
403	TOM		
237	DONNIE		

WELL DATA:	
HOLE SIZE	PACKER DEPTH
6 3/4	
TOTAL DEPTH	PERFORATIONS
1257	
	SHOTS/FT
CASING SIZE	OPEN HOLE
4 1/2	
CASING DEPTH	
1220	
CASING WEIGHT	TUBING SIZE
CASING CONDITION	TUBING DEPTH
	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"/> OTHER	

PRESSURE LIMITATIONS	
	THEORETICAL
	INSTRUCTED
SURFACE PIPE	
ANNULUS/LONG STRING	
TUBING	

Ran 2 sk Gel Shells ahead first. circ - ~~100~~ pumped 10 BBL foam followed by 10 BBL clean H₂O - ran 100 sk DART mix @ 13.5 PPG - shut down - washed out lines + pump - dropped plug - displaced to bottom & set shoe - shut in

AUTHORIZATION TO PROCEED _____ TITLE circ - out 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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189096