

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

2/25/10

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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KCC

API No. 15 - 205-27258-00-0001
County: Wilson
C. NW SE Sec. 14 Twp. 30 S. R. 14 East West
1980' FSL _____ feet from S / N (circle one) Line of Section
1980' 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: Frey Well #: C3-14
Field Name: Cherokee Basin Coal Gas Area
Producing Formation: Penn Coals
Elevation: Ground: 934' Kelly Bushing: _____
Total Depth: 1405' Plug Back Total Depth: 1399'
Amount of Surface Pipe Set and Cemented at 44 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.

Designate Type of Completion:
____ New Well Re-Entry ____ Workover
____ Oil ____ SWD ____ SLOW ____ 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: Frey C3-14

Original Comp. Date: 8-16-07 Original Total Depth: 1405'
____ 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. _____

2-7-08 8-8-07 2-15-08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

Drilling Fluid Management Plan
(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: [Signature]
Title: Engr Clerk Date: 2-25-08
Subscribed and sworn to before me this 25 day of February
20 08
Notary Public: Brandy R. Allcock
Acting in program
Date Commission Expires: 3-5-2011

BRANDY R. ALLCOCK
Notary Public - Michigan
Jackson County
My Commission Expires
March 05, 2011

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
KANSAS CORPORATION COMMISSION
FEB 28 2008

CONSERVATION DIVISION
WICHITA, KS