

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

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 SLOW 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>7-20-04</u>	<u>7-22-04</u>	<u>8-12-04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

**RECEIVED
DEC 03 2004
KCC WICHITA**

API No. 15 - 125-30577-00-00
 County: Montgomery
 C. SW SE Sec. 26 Twp. 34 S. R. 14 East West
660' 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: Consani Trust et al Well #: D3-26
 Field Name: Cherokee Basin Coal Gas Area
 Producing Formation: Penn Coals
 Elevation: Ground: 894' Kelly Bushing: _____
 Total Depth: 1728' Plug Back Total Depth: 1724'
 Amount of Surface Pipe Set and Cemented at 149' Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 1724
 feet depth to 0 w/ 230 sx cmt.

Drilling Fluid Management Plan Alt. #2 KJR 6/21/07
(Data must be collected from the Reserve Pit)
 Chloride content NA ppm Fluid volume 80 bbls
 Dewatering method used empty w/ vac trk and air dry
 Location of fluid disposal if hauled offsite: _____
 Operator Name: J&M Oil
 Lease Name: Sheeps A-1 License No.: 17648
 Quarter NE Sec. 11 Twp. 28N S. R. 13 East West
 County: Washington County, OK 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: 12-1-04
 Subscribed and sworn to before me this 1st day of December, 2004

Notary Public: Karen L. Welton
 Date Commission Expires: _____

**KAREN L. WELTON
Notary Public - Michigan
Ingham County
My Commission Expires Mar 3, 2007
Acting in the County of Ingham**

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: Consani Trust et al Well #: D3-26
 Sec. 26 Twp. 34 S. R. 14 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	Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum See Attached <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED DEC 03 2004 KCC WICHITA </div>
--	---

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"		149'	Class A	50	See Attached
Prod	6 3/4"	4 1/2"	9.5#	1724'	50/50 Poz	230	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	Acid, Fracture, Shot, Cement Squeeze Record	Depth
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	
4	1536'-1537.5'	300 gal 10% HCl, 2190# sd, 280 BBL fl	
4	1487.5'-1488.5'	300 gal 10% HCl, 1675# sd, 250 BBL fl	
4	1144'-1147' / 1118' - 1119'	500 gal 10% HCl, 9 ball sealers, 4655# sd, 520 BBL fl	
4	1091'-1093'	300 gal 10% HCl, 1955# sd, 295 BBL fl	
4	1060.5'-1062.5'	300 gal 10% HCl, 2755# sd, 280 BBL fl	

TUBING RECORD	Size 2 3/8"	Set At 1687'	Packer At NA	Liner Run Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
---------------	----------------	-----------------	-----------------	--

Date of First, Resumed Production, SWD or Enhr. 9-25-04	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. 78	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) _____

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

TICKET NUMBER 30223
 LOCATION Biville
 FOREMAN [Signature]

TREATMENT REPORT

DATE <u>7-20-04</u>	CUSTOMER # <u>2368</u>	WELL NAME <u>CONSANT D3-26</u>	FORMATION
SECTION <u>26</u>	TOWNSHIP <u>34</u>	RANGE <u>14</u>	COUNTY <u>MG</u>
CUSTOMER <u>DART</u>			
MAILING ADDRESS			
CITY			
STATE		ZIP CODE	
TIME ARRIVED ON LOCATION <u>5</u>			

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>418</u>	<u>Tim</u>		
<u>428</u>	<u>Danny</u>		
<u>438</u>	<u>Robby</u>		

WELL DATA	
HOLE SIZE <u>11</u>	PACKER DEPTH
TOTAL DEPTH <u>163</u>	PERFORATIONS
	SHOTS/FT
CASING SIZE <u>8 1/2</u>	OPEN HOLE
CASING DEPTH <u>1495</u>	
CASING WEIGHT	TUBING SIZE
CASING CONDITION	TUBING DEPTH
	TUBING WEIGHT
	TUBING CONDITION
TREATMENT VIA	

TYPE OF TREATMENT	
<input checked="" type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input 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 est. circ - pumped 1 sk gel ahead of 10 BBL H₂O
spacer - pumped 50 sk 2% calcium cement w/ 1/10 sand & hulls
14 PDG - displaced to 130' w/ 8 1/2 BBL - START IN

AUTHORIZATION TO PROCEED _____ TITLE Circ. cement 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. <u>1757.51</u>
							MAX RATE
							MIN RATE

RECEIVED
 DEC 03 2004
 KCC WICHITA

191519



CONSOLIDATED
OIL WELL
SERVICES
AN INFINITY COMPANY

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

TICKET NUMBER 22992

LOCATION B'ville

FIELD TICKET

DATE 7-20-04	CUSTOMER ACCT # 2368	WELL NAME CORSAKI D3-26	QTR/QTR	SECTION 26	TWP 34	RGE 14	COUNTY MG	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
5401	1	PUMP CHARGE <u>surface</u>		550.00
5406	30 min.			70.50
1102	1 sk	CALCIUM	*	35.70
1107	1 sk	FLO 500L	*	40.00
1105	1 sk	HULLS	*	13.60
1123	2000 GAL	CITY H ₂ O	*	23.00
1118	1 SK	GEL	*	12.40
5407	MIN	BLENDING & HANDLING TON-MILES STAND BY TIME MILEAGE		225.00
5502C	4 HRS	WATER TRANSPORTS VACUUM TRUCKS FRAC SAND		312.00
1104	50 SK	CEMENT	*	445.00
			* SALES TAX	30.19

RECEIVED
 DEC 03 2004
 KCC WICHITA

ESTIMATED TOTAL ~~1757.39~~

1757.39

CUSTOMER or AGENTS SIGNATURE [Signature] CIS FOREMAN [Signature]

CUSTOMER or AGENT (PLEASE PRINT) [Signature] DATE 19/5/19

Ravin 2790

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

TICKET NUMBER 1021
 LOCATION Barthesville
 FOREMAN Tray Williams

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-23-04	2368	Consani D3-26	26	34S	14E	Montgomery
CUSTOMER <u>Dart</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			418	Tim		
CITY			391	Bobby		
STATE			417	Kenny		
ZIP CODE			428	Danny		

JOB TYPE LS HOLE SIZE 6 3/4 HOLE DEPTH 1729 CASING SIZE & WEIGHT 4 1/2 9.5
 CASING DEPTH 1724 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL 1.368 WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 28 DISPLACEMENT PSI 250 MIX PSI 150 RATE 5

REMARKS: Ran 2 sks of gel with 1sk of hulls, 5bbl water, 15 bbl mud flush while breaking circulation. Ran 230 sks of 50/50 pozmix with 5# gilsonite, 5% salt, 2% gel, & 1/4# floeal. Shut down & washed up behind plug. Pumped plug to bottom & set shoe. Shut in. Circulated 5 bbl cement slurry to pit.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Production Casing		710.00
5406	30	MILEAGE		70.50
5402	1724			3360
1105	2 sks	Cottseed Hulls		27.20
1107	3 sks	Flo Seal		190.00
1110	23 sks	Gilsonite		468.05
1111	550 #	Granulated		143.00
1118	2 sks	Premium Gel		86.80
1123	6,500 gal	City Water		74.25
1124	230 sks	50/50 pozmix		1587.00
4404	1	4 1/2" Rubber Plug		35.00
1205	1 1/2 gal	Supersweet		35.48
1238	1 gal	Mud Flush		31.50
5501C	3 hrs	Transport		252.00
5502C	3 hrs	80 Vac		234.00
5407	min	Ton Mileage		225.00
			Montgomery Co 5.3%	SALES TAX
				134.72
				ESTIMATED TOTAL
				4268.60

RECEIVED
 DEC 03 2004
 KCC WICHITA

AUTHORIZATION John G. [Signature] TITLE _____ DATE 191566