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OCT 01 2004

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

KCC WICHITA 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

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. _____
6-23-04 6-25-04 7-7-04
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 205-25783-00-00
County: Wilson
E2 SW NE Sec. 30 Twp. 29 S. R. 15 East West
3300' FSL feet from S / N (circle one) Line of Section
1800' FEL feet from E / W (circle one) Line of Section

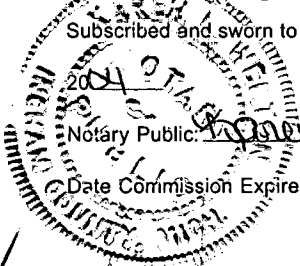
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Creager Trust Well #: B3-30
Field Name: Cherokee Basin Coal Gas Area
Producing Formation: Penn Coals
Elevation: Ground: 939' Kelly Bushing: _____
Total Depth: 1306' Plug Back Total Depth: 1302'
Amount of Surface Pipe Set and Cemented at 22 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 7/02/07
(Data must be collected from the Reserve Pit)
Chloride content NA ppm Fluid volume NA bbls
Dewatering method used no fl in pit
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: 9-28-04
Subscribed and sworn to before me this 28th day of September



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: Creager Trust Well #: B3-30
 Sec. 30 Twp. 29 S. R. 15 ✓ 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.

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
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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"		22'	Class A	5	
Prod	6 3/4"	4 1/2"	10.5#	1302'	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	Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	
			Depth
	See Attached		

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8"	1282'	NA	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of First, Resumed Production, SWD or Enhr.		Producing Method			
8-24-04		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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	NA	5	47	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) _____

Dart Cherokee Basin Operating Co LLC #33074
 Creager Trust B3-30 API 15-205-25783-00-00
 E2 SW NE Sec 30 T29S-R15E
 Attachment to ACO-1 Well Completion Form

Shots Per Foot	Perforation Record	Acid, Fracture, Shot, Cement Squeeze Record	Depth
4	1138.5'-1140'	300 gal 10% HCl, 2460# sd, 255 BBL fl	
4	1057.5'-1058.5' / 1041'-1042'	500 gal 10% HCl, 5 ball sealers, 3790# sd, 455 BBL fl	
4	985.5'-987.5'	300 gal 10% HCl, 1785# sd, 235 BBL fl	
4	924.5'-928'	300 gal 10% HCl, 5260# sd, 405 BBL fl	
4	870.5'-873'	300 gal 10% HCl, 5270# sd, 495 BBL fl	
4	769'-770'	300 gal 10% HCl, 1655# sd, 230 BBL fl	



CONSOLIDATED
OIL WELL
SERVICES
AN INFINITY COMPANY

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

TICKET NUMBER 25023

LOCATION Bartholville

FIELD TICKET

DATE <u>6-28-04</u>	CUSTOMER ACCT # <u>2368</u>	WELL NAME <u>Creager Trust 83-30</u>	QTR/QTR	SECTION <u>30</u>	TWP <u>29S</u>	RGE <u>14E</u>	COUNTY <u>Wilson</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>	PUMP CHARGE <u>Long Strips</u>		<u>710.00</u>
<u>1105</u>	<u>1</u>	<u>Hulls</u>		<u>13.60</u>
<u>1107</u>	<u>2</u>	<u>Flo seal</u>		<u>80.00</u>
<u>1110</u>	<u>16</u>	<u>Wilsonite</u>		<u>325.60</u>
<u>1111</u>	<u>400 #</u>	<u>SALT</u>		<u>104.00</u>
<u>1118</u>	<u>3</u>	<u>Premium GEL</u>		<u>37.20</u>
<u>1123</u>	<u>6,500 gal</u>	<u>City Water</u>		<u>74.75</u>
<u>4404</u>	<u>1</u>	<u>4 1/2 Rubber Plug</u>		<u>35.00</u>
<u>1205</u>	<u>1 1/2 gal</u>	<u>Super sweet</u>		<u>35.40</u>
<u>1239</u>	<u>1 gal</u>	<u>Mud Flush</u>		<u>31.50</u>
<u>5407</u>	<u>m.i.</u>	BLENDING & HANDLING TON-MILES STAND BY TIME MILEAGE		<u>225.00</u>
<u>5501C</u>	<u>4 hrs.</u>	WATER TRANSPORTS		<u>336.00</u>
<u>5502C</u>	<u>4 hrs.</u>	VACUUM TRUCKS FRAC SAND		<u>312.00</u>
<u>1124</u>	<u>160 sk</u>	CEMENT <u>50/50</u>		<u>1104.00</u>
			<u>3% SALES TAX</u>	<u>118.79</u>
ESTIMATED TOTAL				<u>3535.99</u>

Ravin 2790

CUSTOMER or AGENTS SIGNATURE [Signature]

CIS FOREMAN [Signature]

191789

