

**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>9-17-04</u>	<u>9-21-04</u>	<u>9-25-04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

**RECEIVED
DEC 06 2004
KCC WICHITA**

API No. 15 - 205-25784-00-00
 County: Wilson
W2 SE SE Sec. 25 Twp. 30 S. R. 15 East West
860' FSL feet from S N (circle one) Line of Section
1300' 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: Union Central Well #: D4-25
 Field Name: Cherokee Basin Coal Gas Area
 Producing Formation: Penn Coals
 Elevation: Ground: 837' Kelly Bushing: _____
 Total Depth: 1126' Plug Back Total Depth: 1119'
 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 1119'
 feet depth to 0 w/ 150 sx cmt.

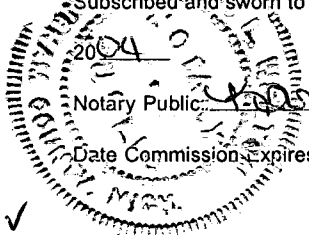
Drilling Fluid Management Plan *Alt #2 KJR 6/6/2007*
(Data must be collected from the Reserve Pit)
 Chloride content NA ppm Fluid volume 200 bbls
 Dewatering method used empty w/ vac trk and air dry
 Location of fluid disposal if hauled offsite: _____
 Operator Name: Dart Cherokee Basin Operating Co LLC
 Lease Name: Adee B1-8 SWD License No.: 33074
 Quarter NW Sec. 8 Twp. 31 S. R. 16 East West
 County: Montgomery Docket No.: D-28237

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
 LIC Distribution

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: Union Central Well #: D4-25
 Sec. 25 Twp. 30 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 <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED DEC 06 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"		22'	Class A	5	
Prod	6 3/4"	4 1/2"	9.5#	1119'	50/50 Poz	150	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 <i>(Amount and Kind of Material Used)</i>	Depth
4	942.5'-943.5'	300 gal 10% HCl, 960# sd, 195 BBL fl	
4	827.5'-829.5'	300 gal 10% HCl, 1680# sd, 300 BBL fl	
4	767.5'-768.5'	300 gal 10% HCl, 1645# sd, 245 BBL fl	
4	729'-733'	300 gal 10% HCl, 7970# sd, 440 BBL fl	

TUBING RECORD	Size 2 3/8"	Set At 1096'	Packer At NA	Liner Run Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
---------------	----------------	-----------------	-----------------	--

Date of First, Resumed Production, SWD or Enhr. 10-14-04	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 2	Water Bbls. 47	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) _____

