

ORIGINAL

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

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>8-23-04</u>	<u>8-25-04</u>	<u>8-31-04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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API No. 15 - 125-30585-00-00
 County: Montgomery
SE NE NW Sec. 23 Twp. 32 S. R. 15 East West
4500' FSL feet from S N (circle one) Line of Section
2830' 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: Corle Well #: A2-23
 Field Name: Cherokee Basin Coal Gas Area
 Producing Formation: Penn Coals
 Elevation: Ground: 789' Kelly Bushing: _____
 Total Depth: 1306' Plug Back Total Depth: 1303'
 Amount of Surface Pipe Set and Cemented at 21' 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 DDA#2 RGR 6/22/07
 (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: Beth Oswald

Title: Admn & Engr Asst Date: 12-1-04

Subscribed and sworn to before me this 1st day of December

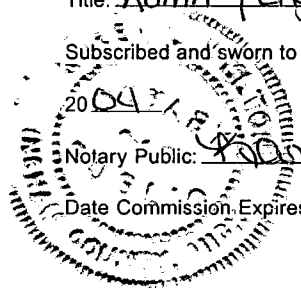
Notary Public: Karen L. Welton

Date Commission Expires: _____

KCC Office Use ONLY

Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

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



Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: Corle Well #: A2-23
 Sec. 23 Twp. 32 S. R. 15 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
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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"		21'	Class A	5	
Prod	6 3/4"	4 1/2"	10.5#	1303'	50/50 Poz	170	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	1100'-1102'		

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TUBING RECORD	Size	Set At	Packer At	Liner Run
	NA		NA	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of First, Resumed Production, SWD or Enhr.	Producing Method			
Not yet complete	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
	NA	NA	NA	NA
				Gravity
				NA

Disposition of Gas Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
(If vented, Submit 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 1726
 LOCATION Biville
 FOREMAN Jeff Graham

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-25-04	2368	Corle # A2-23	23	32	15	MG
CUSTOMER <u>DART</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			289	Kirk		
CITY			235	Jerry		
STATE			174	Justin		
ZIP CODE			403	Tom		

JOB TYPE LS HOLE SIZE 6 3/4 HOLE DEPTH 1368 CASING SIZE & WEIGHT 4 1/2 10.5
 CASING DEPTH 1303 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING - 0 -
 DISPLACEMENT 20 3/4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Ran 2 sk gel/hulls ahead of 10 BBL foamer followed by 10 BBL clean H₂O + est. CIRC - pumped 170 sk DART mix w/hulls @ 13.5 PP6 - shut down - washed out lines & pump - dropped plug - displaced to bottom & set shoe - shut in -
CIRC. cmt. to surface

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE <u>LONGSTRING</u>		710.00
5406	50 m	MILEAGE		117.50
5507	min	BUCK TRIC		225.00
5501C	4 HR	TRANSPORT		336.00
5502C	4 HR	80 VAC		312.00
1124	170 sk	Cement - 50%	*	1173.00
1110	17 sk	GILSONITE	*	345.95
1111	400 #	SALT	*	104.00
1118	5 sk	GEL	*	62.00
1107	3 sk	FLO Seal	*	120.00
1105	3 sk	HULLS	*	40.80
1123	5400 GAL	City H ₂ O	*	62.10
4404	1 ea.	4 1/2 Rubber plug	*	35.00
1238	1 GAL	SOAP		31.50
1205	1 1/2 GAL	BI-CIDE		35.48
			* SALES TAX	102.97
			ESTIMATED TOTAL	3813.30

AUTHORIZATION [Signature] TITLE _____ DATE _____

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