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OCT 03 2005

KCC WICHITA

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: Southern Star
 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 SIOW 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: Orr B4-34
 Original Comp. Date: 12-4-02 Original Total Depth: 1310'
 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. _____
 6-15-05 11-20-02 6-20-05
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 205-25577-00-01
 County: Wilson
SE NE Sec. 34 Twp. 30 S. R. 15 East West
3300' FSL feet from (S) N (circle one) Line of Section
644' 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: Orr Well #: B4-34
 Field Name: Neodesha
 Producing Formation: Penn Coals
 Elevation: Ground: 1012' Kelly Bushing: _____
 Total Depth: 1310' Plug Back Total Depth: 1298'
 Amount of Surface Pipe Set and Cemented at 20' 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 AH. II SB 8-25-08
 (Data must be collected from the Reserve Pit)
 Chloride content NA ppm Fluid volume 100 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
 Lease Name: Lavelly 4C License No.: 33074
 Quarter NE Sec. 3 Twp. 31 S. R. 15 East West
 County: Montgomery Docket No.: D-23422

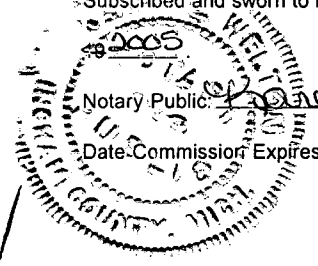
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: 9-29-05
 Subscribed and sworn to before me this 29th day of September
 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: Orr Well #: B4-34
 Sec. 34 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 Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:

High Resolution Compensated Density Neutron

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

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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"		20'	Class A	4	
Prod	6 3/4"	4 1/2"	10.5	1298'	50/50 Poz	210	

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 (Amount and Kind of Material Used)	Depth
4 existing	1157'-1160' CIBP @ 1150'		
4	1115.5'-1120'	400 gal 15% HCl, 5005# sd, 320 BBL fl	
4 existing	1039'-1040.5' / 980' - 984'		
4	821'-822'	300 gal 15% HCl, 1680# sd, 225 BBL fl	

TUBING RECORD	Size	Set At	Packer At	Liner Run	Yes	<input checked="" type="checkbox"/> No
	2 3/8"	1125	NA			
Date of First, Resumed Production, SWD or Enhr.	Producing Method					
6-23-05	Flowing		<input checked="" type="checkbox"/> Pumping		Gas Lift	Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	
	NA	4	24	NA	NA	

Disposition of Gas Vented Sold Used on Lease (If vented, Sumit ACO-18.)
 METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled
 Production Interval Other (Specify) _____