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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: Oneok
Operator Contact Person: Beth Oswald
Phone: (517) 244-8716
Contractor: Name: _____
License: _____
Wellsite Geologist: _____
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: J&B Orr D2-26
Original Comp. Date: 12-22-03 Original Total Depth: 1307'
____ 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>5-13-05</u>	<u>12-19-03</u>	<u>5-19-05</u>
Spud Date or	Date Reached TD	Completion Date or
Recompletion Date		Recompletion Date

API No. 15 - 205-25649-00-01
County: Wilson
____ NW ____ SE SW Sec. 26 Twp. 30 S. R. 15 ☒ East ☐ West
750' FSL feet from (S) N (circle one) Line of Section
3650' 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: J&B Orr Well #: D2-26
Field Name: Cherokee Basin Coal Gas Area
Producing Formation: Penn Coals
Elevation: Ground: 1008' Kelly Bushing: _____
Total Depth: 1307' Plug Back Total Depth: 1300'
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 AH. II SB 8-22-08
(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: Admin & 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: _____

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

KCC Office Use ONLY

No 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: J&B Orr Well #: D2-26
 Sec. 26 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:

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"		21'	Class A	5	
Prod	6 3/4"	4 1/2"	10.5#	1300'	50/50 Poz	170	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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	1150'-1153'	300 gal 15% HCl	
4	1105'-1108'	300 gal 15% HCL, 4135# sd, 360 BBL fl & 15 bio-balls	
4	970'-973'	500 gal 15% HCl, 1435# sd, 190 BBL fl	
4	930'-933.5'	300 gal 15% HCl, 7020# sd, 380 BBL fl	
4	810.5'-811.5'	300 gal 15% HCl, 1680# sd, 175 BBL fl	
TUBING RECORD		Liner Run	
Size	Set At	Packer At	Yes <input checked="" type="checkbox"/> No
2 3/8"	1211'	NA	
Date of First, Resumed Production, SWD or Enhr.		Producing Method	
5-20-05		Flowing <input checked="" type="checkbox"/> Pumping	Gas Lift Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.
	NA	0	102
Gas-Oil Ratio		Gravity	

Disposition of Gas

METHOD OF COMPLETION

Production Interval

☐ Vented ☒ Sold ☐ Used on Lease
 (If vented, Sumit ACO-18.)

☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other (Specify) _____