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OCT 03 2005

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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

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 SIOW 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>5-9-05</u>	<u>5-11-05</u>	<u>5-26-05</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 205-26028-00-00
 County: Wilson
SW SE SE Sec. 36 Twp. 29 S. R. 14 East West
390' FSL feet from S / N (circle one) Line of Section
970' 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: Harshaw Well #: D4-36
 Field Name: Cherokee Basin Coal Gas Area
 Producing Formation: Penn Coals
 Elevation: Ground: 854' Kelly Bushing: _____
 Total Depth: 1304' Plug Back Total Depth: 1301'
 Amount of Surface Pipe Set and Cemented at 43 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.

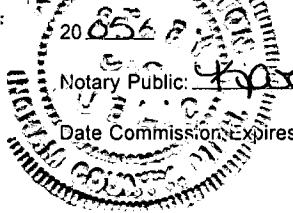
Drilling Fluid Management Plan AH. II SB 8-22-08
 (Data must be collected from the Reserve Pit)
 Chloride content NA ppm Fluid volume 780 bbls
 Dewatering method used empty w/ vac trk and air dry
 Location of fluid disposal if hauled offsite: _____
 Operator Name: Dart Cherokee Basin Operating Co
 Lease Name: Frey B4-12 SWD License No.: 33074
 Quarter NE Sec. 12 Twp. 30 S. R. 14 East West
 County: Wilson Docket No.: D-28438

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



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: Harshaw Well #: D4-36
 Sec. 36 Twp. 29 S. R. 14 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"	24#	43'	Class A	8	
Prod	6 3/4"	4 1/2"	10.5#	1301'	Thick Set	135	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 (Amount and Kind of Material Used)	Depth
	See Attached		
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TUBING RECORD	Size	Set At	Packer At	Liner Run	Yes	<input checked="" type="checkbox"/> No	
	2 3/8"	1254'	NA				
Date of First, Resumed Production, SWD or Enhr.	Producing Method			Flowing	<input checked="" type="checkbox"/> Pumping	Gas Lift	Other (Explain)
6-7-05							
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		
	NA	1	39	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) _____

CONSOLIDATED OIL WELL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 3890
 LOCATION EUREKA
 FOREMAN KEVIN MCCOY

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-12-05	2368	HARSHAW D4-36	36	295	14E	Wilson
CUSTOMER DART Cherokee BASIN			Gus Jones			
MAILING ADDRESS 3541 Co. Rd. 5400						
CITY Independence	STATE KS	ZIP CODE 67301				
TRUCK #						
DRIVER			TRUCK #			
DRIVER			DRIVER			
445			RICK			
441			LARRY			

JOB TYPE Longstring HOLE SIZE 6 3/4 HOLE DEPTH 1304' CASING SIZE & WEIGHT 4 1/2 10.5* New
 CASING DEPTH 1302' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.2 # SLURRY VOL 41 BBL WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 20.75 BBL DISPLACEMENT PSI 500 MAX PSI 1000 Bump Plug RATE _____

REMARKS: SAFETY Meeting: Rig up to 4 1/2 casing. BREAK Circulation w/ 40 BBL Fresh water. Pump 4 SKS Gel Flush w/ Hulls, 10 BBL FOAMER, 10 BBL Fresh water. MIXED 135 SKS Thick Set Cement w/ 8" Kol-Seal Per/sk @ 13.2 # per/gal yield 1.73. wash out Pump & Lines. Shut down. Release Plug. Displace w/ 20.75 BBL Fresh water. FINAL Pumping Pressure 500 PSI. Bump Plug to 1000 PSI. Wait 2 minutes. Release Pressure. Float Held. Shut casing in @ 0 PSI. Good Cement Returns to Surface = 8 BBL Slurry. Job Complete. Rig down

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	765.00	765.00
5406	36	MILEAGE	2.50	90.00
1126 A	135 SKS	Thick Set Cement	13.00	1755.00
1110 A	21 SKS	KOL-SEAL 8" Per/sk	16.90	354.90
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1118 A	4 SKS 50*	Gel Flush	6.63	26.52
1105	1 SK	Hulls	14.50	14.50
5407	7.42 TONS	Ton Mileage	M/C	240.00
4404	1	4 1/2 Top Rubber Plug	38.00	38.00
1238	1 GAL	Soap	32.15	32.15
1205	2 GAL	Bi-Cide (Mixed w/ water)	24.15	48.30
			Sub TOTAL	3364.37
			SALES TAX	137.90
			ESTIMATED TOTAL	3502.27

Thank you 6.3%
 TITLE [Signature] 197289

AUTHORIZTION _____ TITLE _____ DATE _____