

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 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>2-22-05</u>	<u>2-24-05</u>	<u>3-3-05</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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API No. 15 - 205-25958-00-00
 County: Wilson
 NW NE Sec. 25 Twp. 30 S. R. 14 East West
4750' FSL feet from S / N (circle one) Line of Section
2100' 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: Neill Bros Well #: A3-25
 Field Name: Cherokee Basin Coal Gas Area
 Producing Formation: Penn Coals
 Elevation: Ground: 917' Kelly Bushing: _____
 Total Depth: 1506' Plug Back Total Depth: 1502'
 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 _____
 feet depth to _____ w/ _____ sx cnt.

Drilling Fluid Management Plan A17 II NCR 7-24-08
 (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: Admn. Engr. Asst Date: 5-6-05

Subscribed and sworn to before me this 6th day of May,
 2005

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

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: Neill Bros Well #: A3-25
 Sec. 25 Twp. 30 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.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes ✓ No (Attach Additional Sheets)</p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes ✓ No</p> <p>Cores Taken Yes ✓ No</p> <p>Electric Log Run ✓ Yes No (Submit Copy)</p> <p>List All E. Logs Run:</p> <p>High Resolution Compensated Density Neutron & Dual Induction</p>	<p>Log Formation (Top), Depth and Datum ✓ Sample</p> <p>Name Top Datum</p> <p>See Attached</p> <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED MAY - 9 2005 KCC WICHITA </div>
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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#	22'	Class A	4	
Prod	6 3/4"	4 1/2"	10.5#	1502'	Thick Set	160	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
	4	1099'-1101'		300 gal 15% HCl, 2315# sd, 230 BBL fl	
4	1037'-1039'		400 gal 15% HCl, 1225# sd, 185 BBL fl		
4	989.5'-992'		300 gal 15% HCl, 5015# sd, 340 BBL fl		
4	872'-873'		300 gal 15% HCl, 1685# sd, 180 BBL fl		

TUBING RECORD	Size 2 3/8"	Set At 1465'	Packer At NA	Liner Run Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 3-17-05	Producing Method Flowing <input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
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Estimated Production Per 24 Hours	Oil Bbls. NA	Gas Mcf 4	Water Bbls. 38	Gas-Oil Ratio NA	Gravity NA
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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) _____

Rig Number: 1	S. 25	T. 30	R. 14 E
AP# No. 15- 205-25958	County: Wilson		
Elev. 917'	Location:		

Gas Tests:

ORIGINAL

Comments:

start injecting water @ 340'

Operator: Dart Cherokee Basin Operating Co. LLC
 Address: 3541 CR 5400
 Independence, KS 67301

Well No: A3-25 Lease Name: Neil Bros

Footage Location: 4750 ft. from the South Line
 2100 ft. from the East Line

Drilling Contractor: **McPherson Drilling LLC**

Spud date: 2/18/2005 Geologist:

Date Completed: 2/22/2005 Total Depth: 1506'

Casing Record			Rig Time:
Size Hole:	Surface: 11"	Production: 6 3/4"	Driller - Andy Coats
Size Casing:	8 5/8"	McPherson	
Weight:	20#		
Setting Depth:	22'		
Type Cement:	Portland	McPherson	
Sacks:	4		

Well Log									
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.	
soil	0	5	sand shale	815	860	coal	1340	1342	RECEIVED MAY - 9 2005 KCC WICHITA
sand	5	8	coal	860	861	shale	1342	1356	
lime	8	68	pink lime	861	892	coal	1356	1357	
shale	68	103	shale	892	937	shale	1357	1362	
lime	103	206	Oswego	937	967	Mississippian	1362	1506	
shale	206	283	Summit	967	972				
coal	283	285	Oswego	972	982				
shale	285	290	Mulky	982	990				
sand	290	325 wet	Oswego	990	999				
sand shale	325	445 no sho	shale	999	1009				
lime	445	458	coal	1009	1010				
shale	458	462	shale	1010	1032				
lime	462	490	coal	1032	1034				
shale	490	513	shale	1034	1052				
lime	513	545	coal	1052	1053				
sand shale	545	580	shale	1053	1094				
lime	580	598	coal	1094	1096				
shale	598	670	shale	1096	1148				
lime	670	678	coal	1148	1149				
sand shale	678	733	shale	1149	1158				
sand	733	749	coal	1158	1160				
lime	749	765	shale	1160	1309				
sand	765	779	coal	1309	1311				
shale	779	815	shale	1311	1340				

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

TICKET NUMBER 2796
 LOCATION EUREKA
 FOREMAN KEVIN McCLOY

TREATMENT REPORT & FIELD TICKET
 CEMENT

ORIGINAL

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
2-25-05		Nejll Bros. A3-25				Wilson	
CUSTOMER Dart Cherokee Basin			C & C Well Service	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 3541 Co. Rd. 5400				445	Troy		
CITY Independence				439	Justin		
STATE KS				437	Anthony		
ZIP CODE 67301			452 T63	Randy			

JOB TYPE Longstring HOLE SIZE 6 3/4 HOLE DEPTH 1506' CASING SIZE & WEIGHT 4 1/2 10.5# New
 CASING DEPTH 1502' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.2 # SLURRY VOL 49 BBL WATER gal/sk 8.0 CEMENT LEFT in CASING 0
 DISPLACEMENT 23.7 BBL DISPLACEMENT PSI 900 MAX PSI 1400 Bump Plug RATE _____

REMARKS: SAFETY Meeting: Rig up to 4 1/2 casing. BREAK Circulation w/ 60 BBL fresh water. Pump 2 sks Gel Flush w/ Hulls, 10 BBL Foamer, 10 BBL fresh water. Mixed 160 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/ 23.7 BBL fresh water. FINAL Pumping Pressure 900 psi. Bump Plug to 1400 psi. WAIT 2 minutes. Release Pressure. Float Held. Shut casing in @ 0 psi. Good Cement Returns to SURFACE = 7 BBL Slurry. Job Complete. Rig down

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	710.00	710.00
5406	36	MILEAGE	2.35	84.60
1126 A	160 SKS	Thick Set Cement	11.85	1896.00
1110 A	25 SKS	KOL-SEAL 8" per/sk	15.75	393.75
1118	2 SKS	Gel Flush	12.00	24.00
1105	1 SK	Hulls	13.60	13.60
5407	8.8 TONS	Ton Mileage	25.00	225.00
4404	1	4 1/2 Top Rubber Plug	35.00	35.00
1238	1 GAL	Soap	31.50	31.50
1205	2 gals	Bi-Cide (Mixed w/ water)	23.65	47.30
5501 C	4 HRS	TRANSPORT	84.00	336.00
5502 C	4 HRS	80 BBL VAC TRUCK	78.00	312.00
1123	7350 GALS	City water	11.50 per 1000	84.53
		Sub. total		4194.08
		THANK you 6.3%	SALES TAX	154.20
			ESTIMATED TOTAL	4348.28

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AUTHORIZATION [Signature] TITLE _____ DATE _____