

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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: _____
License: _____

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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. _____
7-28-06 7-28-06 NA
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 125-31150-00-00
County: Montgomery
SW SE NE Sec. 9 Twp. 33 S. R. 14 East West
3220' FSL _____ feet from S / N (circle one) Line of Section
690' 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&V Gordon Trusts Well #: B4-9
Field Name: Cherokee Basin Coal Gas Area
Producing Formation: Penn Coals
Elevation: Ground: 889' Kelly Bushing: _____
Total Depth: 510' Plug Back Total Depth: NA
Amount of Surface Pipe Set and Cemented at 44 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.

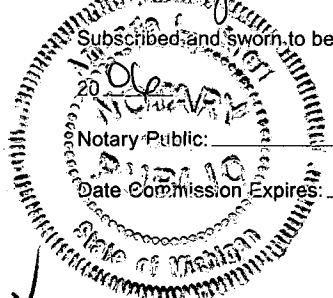
Drilling Fluid Management Plan PA AIF II NH @ -2709
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ 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: _____
Title: Engr Clerk Date: 11-17-06

Subscribed and sworn to before me this 17th day of November
Notary Public: Amanda L. Eifert
Date Commission Expires: _____



AMANDA L. EIFERT
NOTARY PUBLIC, STATE OF KS
COUNTY OF LIVINGSTON
MY COMMISSION EXPIRES Oct 7, 2012
ACTING IN COUNTY OF Ingham

KCC Office Use ONLY
Y Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
NOV 20 2006
KCC WICHITA

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: J&V Gordon Trusts Well #: B4-9
 Sec. 9 Twp. 33 S. R. 14 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 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 &
 Dual Induction

Log Formation (Top), Depth and Datum 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#	44'	Class A	8	
Prod	NA	NA	NA	NA	NA	NA	NA

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
	NA		

TUBING RECORD	Size	Set At	Packer At	Liner Run
	NA	NA	NA	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Date of First, Resumed Production, SWD or Enhr.	Producing Method
NA-Well P&A	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	Gravity
	NA	NA	NA	NA	NA

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

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Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
K.A.R. 82-3-117

Form CP-4
December 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

Lease Operator: Dart Cherokee Basin Operating Co. LLC
Address: 211 W Myrtle, Independence, Ks. 67301
Phone: (620) 331-7870 Operator License #: 33074
Type of Well: D & A Docket #: _____
(Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)
The plugging proposal was approved on: 7/31/2006 (Date)
by: John Almond (KCC District Agent's Name)
Is ACO-1 filed? Yes No If not, is well log attached? Yes No
Producing Formation(s): List All (If needed attach another sheet)

Depth to Top: _____ Bottom: _____ T.D. 510'

Depth to Top: _____ Bottom: _____ T.D. _____

Depth to Top: _____ Bottom: _____ T.D. _____

API Number: 15 - 125-31150-0000
Lease Name: J & V Gordon Trusts
Well Number: B4-9
Spot Location (QQQQ): _____ - SW - SE - NE
3220 Feet from North / South Section Line
690 Feet from East / West Section Line
Sec. 9 Twp. 33 S. R. 14 East West
County: Montgomery
Date Well Completed: N/A
Plugging Commenced: 7/31/2006
Plugging Completed: 7/31/2006

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface Conductor & Production)				
Formation	Content	From	To	Size	Put In	Pulled Out
		0	44	8 5/8"	0	0

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

While drilling well, drill pipe and bit twisted off at 510 feet. Ran 2 3/8" tubing to 500 feet. Filled well from bottom to top with cement. Pulled tubing out of well and topped off. Cut casing off below plow depth and restored location.

A total of 100 sacks of Portland cement were used to plug this well.

Name of Plugging Contractor: Consolidated Oil Well Services License #: 31440
Address: P.O. Box 884, Chanute, Ks.

Name of Party Responsible for Plugging Fees: Dart Cherokee Basin Operating Co. LLC.
State of Kansas County, Montgomery, ss.

Tony Williams (Employee of Operator) or (Operator) on above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

(Signature) Tony Williams

(Address) 211 W. Myrtle, Independence, Ks. 67301

LISA SHARTZER
Notary Public - State of Kansas
My Appt. Expires 5-26-10

SUBSCRIBED and SWORN TO before me this 1st day of August, 20 06
Lisa Shartzer My Commission Expires: 5-26-10
Notary Public

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CONSERVATION DIVISION
WICHITA, KS

PGT