

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: M.O.K.A.T.
License: 5831
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. _____
7-14-06 7-19-06 8-3-06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 125-31104-00-00
County: Montgomery
W2 SW NE Sec. 30 Twp. 34 S. R. 14 East West
3300' FSL feet from S / N (circle one) Line of Section
2250' 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: Kincaid Trust Well #: B3-30
Field Name: Cherokee Basin Coal Gas Area

Producing Formation: Penn Coals
Elevation: Ground: 795' Kelly Bushing: _____
Total Depth: 1700' Plug Back Total Depth: 1687'
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 AH IINH 6-13-08
(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: [Signature]
Title: Engr Clerk Date: 11-10-06
Subscribed and sworn to before me this 10th day of November

2006
Notary Public: [Signature]
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
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

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Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: Kincaid Trust Well #: B3-30
 Sec. 30 Twp. 34 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	6 3/4"	4 1/2"	9.5#	1694'	Thick Set	175	See Attached

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	1224.5' - 1226.5'	478 gal 15% HCl, 3060# sd, 15 ball sealers, 240 BBL fl	
4	1141.5' - 1142.5' / 1133.5' - 1134.5' / 1108.5' - 1111'	478 gal 15% HCl, 7770# sd, 34 ball sealers, 560 BBL fl	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8"	1410'	NA	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Date of First, Resumed Production, SWD or Enhr.	Producing Method	Flowing	✓ Pumping	Gas Lift	Other (Explain)
8-13-06					

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	NA	0	58	NA	NA

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

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Air Drilling
Specialist
Oil and Gas Wells



M.O.K.A.T. DRILLING
Office Phone: (620) 879-5377



P.O. Box 590
Caney, KS 67333

Operator DART		Well No. B3-30		Lease KINCAID		Loc. 1/4 1/4 1/4		Sec. 30		Twp. 34		Rge. 14		
County MONTGOMERY		State KS		Type/Well		Depth .1700'		Hours		Date Started 7/14/06		Date Completed 7/19/06		
Job No.		Casing Used 44' 8 5/8"		Bit Record				Coring Record						
Driller TOOTIE		Cement Used 8		Bit No.	Type	size	From	To	Bit No.	type	Size	From	To	% Rec.
Driller		Rig No. 1				6 3/4"								
Driller		Hammer No.												

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Formation Record

From	To	Formation	From	To	Formation	From	To	Formation	From	To	Formation
0	2	OVERBURDEN	939		GAS TEST (NO GAS)	1421	1423	COAL ?			
2	16	SAND	945	952	SHALE	1423	1462	SHALE			
16	63	SANDY SHALE	952	953	COAL ?	1440		GAS TEST (NO GAS)			
63	80	LIME	953	954	LIME	1462	1463	COAL			
80	90	SAND	954	1046	SHALE	1463	1525	SHALE			
90	95	SANDY SHALE	1046	1048	BLACK SHALE	1490		GAS TEST (NO GAS)			
95	122	SAND	1048	1078	LIME (OSWEGO)	1525	1527	COAL ?			
122	130	BLACK SHALE	1064		GAS TEST (NO GAS)	1527	1550	SHALE			
130	150	GREY SHALE	1078	1085	BLACK SHALE	1550	1700	LIME			
150	175	SANDY SHALE / SAND	1085	1101	LIME	1562		GAS TEST (NO GAS)			
175	225	SHALE	1089		GAS TEST (NO GAS)						
225	233	LIME	1101	1103	COAL						
233	260	SHALE	1103	1104	LIME			T.D. 1700'			
260	275	SANDY SHALE	1104	1106	BLACK SHALE / COAL						
275	325	SAND	1106	1135	LIME						
325	340	SHALE	1114		GAS TEST (SAME)						
340	345	SANDY SHALE / SAND	1135	1136	BLACK SHALE / COAL						
345	392	SAND	1136	1137	SHALE						
392	395	LIME	1137	1138	COAL						
395	699	SHALE	1138	1155	SHALE						
699	717	LIME	1150		GAS TEST (NO GAS)						
717	730	SANDY SHALE	1155	1157	LIME						
730	790	LIME	1157	1160	BLACK SHALE						
790	800	SHALE	1160	1207	GREY SHALE						
800	820	LIME	1207	1208	COAL						
820	825	BLACK SHALE	1208	1280	SANDY SHALE						
825	860	SANDY SHALE / SAND	1215		GAS TEST (SAME)						
860	918	SHALE	1280	1285	BLACK SHALE / COAL						
918	920	LIME	1285	1330	SANDY SHALE						
920	922	SHALE	1290		GAS TEST (NO GAS)						
922	945	LIME (PAWNEE)	1330	1421	SHALE						

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CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

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TREATMENT REPORT & FIELD TICKET
 CEMENT

TICKET NUMBER 10306

LOCATION Eureka

FOREMAN Troy Strickler

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
7-20-06	2368	Kincaid Trust B3-30	30	34	14E	MG																
CUSTOMER Dart Cherokee Basin			<table border="1"> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> <tr> <td>446</td> <td>Calin</td> <td></td> <td></td> </tr> <tr> <td>479</td> <td>Larry</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	446	Calin			479	Larry						
TRUCK #	DRIVER	TRUCK #					DRIVER															
446	Calin																					
479	Larry																					
MAILING ADDRESS 211 W. Myrtle																						
CITY Independence	STATE Ks	ZIP CODE 67301																				
GAS Jones #2																						

JOB TYPE Logstring HOLE SIZE 6 3/4" HOLE DEPTH 1700' CASING SIZE & WEIGHT 4 1/2" 9.5"
 CASING DEPTH 1690 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.2# SLURRY VOL 54.5861 WATER gal/sk 8" CEMENT LEFT in CASING 0'
 DISPLACEMENT 274 DISPLACEMENT PSI 800 MIX PSI 1200 Gmp/ft RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2" casing. Break circulation + wash down 2' casing. Pump 2086l Gel-Flush w/ Hulls, 586l water spacer, 1086l Soap water, 1886l Dry water. Mixed 175sks Thick Set Cement w/ 8" Kol-Seal Pk/sk @ 13.2# P/sk. Wash out pump + lines. Release Plug. Displace w/ 27.486l water. Final Pump Pressure 800 PSI. Bump Plug to 1300 PSI. Wait Same. Release Pressure. Float Held. Good Cement to surface = 986l slurry to Pit.

Job Complete.

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	800.00	800.00
5406	40	MILEAGE	3.15	126.00
1126A	175sks	Thick Set Cement	14.65	2563.75
1110A	1400#	Kol-Seal 8" Pk/sk	.36#	504.00
1118A	300#	Gel-Flush	.14#	42.00
1105	50#	Hulls	.34#	17.00
5407		Tan-Mileage Bulk Truck	m/c	275.00
1238	1gal	Soap	33.75	33.75
4404	1	4 1/2" Top Rubber Plug	40.00	40.00
1205	2gal	Bicide	25.35	50.70
Thank You!				
			Sub Total	4450.00
			SALES TAX	167.84
			ESTIMATED TOTAL	4620.04

AUTHORIZATION

[Signature]

TITLE

2012005

DATE