

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

API No. 15 - 125-30642-00-00
County: Montgomery
W2 SE SE Sec. 25 Twp. 34 S. R. 14 East West
660' FSL _____ feet from S / N (circle one) Line of Section
1000' 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: Shrock Well #: B4-25
Field Name: Cherokee Basin Coal Gas Area

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)

Producing Formation: Penn Coals
Elevation: Ground: 922' Kelly Bushing: _____
Total Depth: 1746' Plug Back Total Depth: 1742'
Amount of Surface Pipe Set and Cemented at 150 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.

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. _____
10-4-04 10-6-04 10-28-04
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan A11 II NCR 7-25-08
(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 LLC
Lease Name: Butler A1-26 SWD License No.: 33074
Quarter NW Sec. 26 Twp. 33 S. R. 14 East West
County: Montgomery Docket No.: D-27878

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: 5-19-05
Subscribed and sworn to before me this 19th day of May
2005
Notary Public: Karen L. Welton
Date Commission Expires: _____

KCC Office Use ONLY
 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: Shrock Well #: B4-25
 Sec. 25 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#	150'	Class A	60	See Attached
Prod	6 3/4"	4 1/2"	9.5#	1742'	50/50 Poz	230	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	1518.5'-1521'	300 gal 10% HCl, 2900# sd, 285 BBL fl	

TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes	✓ No
		2 3/8"	1695'	NA			
Date of First, Resumed Production, SWD or Enhr.		Producing Method					
11-14-04		Flowing	✓ Pumping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		
	NA	24	49	NA	NA		

Disposition of Gas Vented Sold Used on Lease Other (Specify) _____

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled _____

(If vented, Sumit ACO-18.)

CONSOLIDATED OIL WELL SERVICES, INC.

211 W. 14TH STREET, CHANUTE, KS 66720

620-431-9210 OR 800-467-8676

TICKET NUMBER

1812

LOCATION

BW/12

FOREMAN

Steve Johnson

TREATMENT REPORT & FIELD TICKET

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-6-04	2368	SPROCK B4-25	25	34	14E	MOULT
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			289	KIK		
CITY			226	Bruce		
STATE			285	Jason		
ZIP CODE			417	Kenny		

JOB TYPE Long String HOLE SIZE 6 3/4 HOLE DEPTH 1746 CASING SIZE & WEIGHT 4 1/2 9.5
 CASING DEPTH 1742 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING -8-
 DISPLACEMENT 28.2 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.3

REMARKS: Run a 58 gal with hulls & 10 bbls mud flush
230.5x 50/50 cement with hulls washed behind plug
pumped plug to bottom set shoe shut in
circulated 8 bbls slurry to pit

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Long String		710.00
5406	30	MILEAGE		70.50
5407	min	Bulk delivery		223.00
1105	2 2x	Hulls		27.20
1107	3 5x	Floscal		120.00
1110	23 5x	Calsonite		468.05
1111	550 ⁴	SALT		143.00
1118	6 5x	GEL		74.40
1124	230 5x	50/50 Poz cement		1587.00
1123	7000	city water		80.50
4404	1	4 1/2 Rubber Plug		35.00
1205	1 1/2 gal	Super sweet		35.48
1238	1 gal	Mud Flush		31.50
5501C	4 hrs	Transport		336.00
5502C	4 hrs	80 VAC		312.00
SALES TAX				34.30
ESTIMATED TOTAL				4389.99

AUTHORIZATION *[Signature]*

TITLE 193490

DATE _____