

RECEIVED

APR 14 2006

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL Form ACO-1
September 1999
Form Must Be Typed

KCC WICHITA 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: 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>1-4-06</u> | <u>1-5-06</u> | <u>1-12-06</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 125-30910-00-00
 County: Montgomery
SW SW NW Sec. 3 Twp. 32 S. R. 15 East West
3067' FSL _____ feet from (S) N (circle one) Line of Section
4897' 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 Springer Trust Well #: B1-3
 Field Name: Cherokee Basin Coal Gas Area
 Producing Formation: Penn Coals
 Elevation: Ground: 782' Kelly Bushing: _____
 Total Depth: 1344' Plug Back Total Depth: 1335'
 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

(Data must be collected from the Reserve Pit)

Chloride content NA ppm Fluid volume 200 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: Shultz D2-1 License No.: 33074
 Quarter SW Sec. 1 Twp. 31 S. R. 14 East West
 County: Montgomery Docket No.: D-28435

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: 4-10-06
 Subscribed and sworn to before me this 10th day of April,
 2006
 Notary Public: Karen L. Nelson
 Date Commission Expires: _____

KAREN L. NELSON
 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: J Springer Trust Well #: B1-3
 Sec. 3 Twp. 32 S. R. 15 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 <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 <div style="text-align: right; font-weight: bold; font-size: 1.2em;"> RECEIVED APR 14 2006 KCC WICHITA </div> |
|--|--|

| 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 | 35 | See Attached |
| Prod | 6 3/4" | 4 1/2" | 10.5# | 1341' | Thick Set | 140 | 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 | | Acid, Fracture, Shot, Cement Squeeze Record | |
|----------------|---|--|---|--|
| | Specify Footage of Each Interval Perforated | | (Amount and Kind of Material Used) | |
| 4 | 1184.5' - 1186' | | 300 gal 15% HCl, 2310# sd, 250 BBL fl | |
| 4 | 937.5' - 939.5' | | 300 gal 15% HCl, 1415# sd, 400 BBL fl | |
| 4 | 872' - 874' | | 300 gal 15% HCl, 2530# sd, 300 BBL fl | |
| 4 | 809' - 810' | | 300 gal 15% HCl, 1680# sd, 240 BBL fl | |
| 4 | 788' - 791' | | 300 gal 15% HCl, 6010# sd, 410 BBL fl | |

| | | | | |
|---------------|----------------|-----------------|-----------------|--|
| TUBING RECORD | Size 2 3/8" | Set At 1310' | Packer At NA | Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------|----------------|-----------------|-----------------|--|

| | | | | |
|--|---|--|--|--|
| Date of First, Resumed Production, SWD or Enhr. 1-19-06 | Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) | | | |
|--|---|--|--|--|

| | | | | | |
|-----------------------------------|-----------------|--------------|-------------------|---------------------|---------------|
| Estimated Production Per 24 Hours | Oil Bbls. NA | Gas Mcf 0 | Water Bbls. 69 | Gas-Oil Ratio NA | Gravity NA |
|-----------------------------------|-----------------|--------------|-------------------|---------------------|---------------|

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

CONSOLIDATED OIL-WELL SERVICES, INC.

P.O. BOX 884, CHANUTE, KS 66720

20-431-9210 OR 800-467-8676

TICKET NUMBER 08113

LOCATION EUREKA

FOREMAN Kevin McCoy

TREATMENT REPORT & FIELD TICKET
CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY | |
|---------------------|------------------|------------------------|-----------------------|----------|---------|---------|--------|
| 1-6-06 | 2368 | J. SPRINGER B3-13 | 3 | 33S | 15E | MG | |
| CUSTOMER | | MAILING ADDRESS | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| DART Cherokee BASIN | | Hurtigane Well Service | | 445 | Rick L. | | |
| 3541 Co. Rd. 5400 | | | | 441 | Jim | | |
| CITY | STATE | ZIP CODE | | | | | |
| Independence | Ks | | | | | | |
| JOB TYPE | HOLE SIZE | HOLE DEPTH | CASING SIZE & WEIGHT | | | | |
| Longstring | 6 3/4 | 1344' | 4 1/2 10.5" New | | | | |
| CASING DEPTH | DRILL PIPE | TUBING | OTHER | | | | |
| 1341 | | | | | | | |
| SLURRY WEIGHT | SLURRY VOL | WATER gal/sk | CEMENT LEFT in CASING | | | | |
| 13.2 # | 43 | 8.0 | 0 | | | | |
| DISPLACEMENT | DISPLACEMENT PSI | PSI | RATE | | | | |
| 21.3 BBL | 700 | 1100 Bump Plug | | | | | |

REMARKS: Safety Meeting: Rig up to 4 1/2 casing, Break Circulation w/ 30 BBL Fresh water, Pump 4 sks Gel Flush w/ Hulls, 10 BBL Foamer, 10 BBL water. Mixed 140 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/ 21.3 BBL Fresh water. Final Pumping Pressure 700 psi. Bump Plug to 1100 psi. wait 5 minutes. Release Pressure. Float Hold. shut casing in @ 0 psi. Good Cement Returns to Surface = 9 BBL slurry. Job Complete Rig down.

| ACCOUNT CODE | QUANTITY of UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--|-------------------|------------------------------------|-----------------|---------|
| 5401 | 1 | PUMP CHARGE | 800.00 | 800.00 |
| 5406 | 36 | MILEAGE | 3.15 | 113.40 |
| 1126 A | 140 SKS | Thick Set Cement | 13.65 | 1911.00 |
| 1110 A | 22 SKS | KOL-SEAL | 17.75 | 390.50 |
| 1118 A | 4 SKS | Gel Flush | 7.00 | 28.00 |
| 1105 | 1 SK | Hulls | 15.25 | 15.25 |
| 5407 | 7.7 TONS | Ton Mileage BULK TRUCK | MTC | 275.00 |
| 4404 | 1 | 4 1/2 Top Rubber Plug | 40.00 | 40.00 |
| 1238 | 1 GAL | SOAP | 33.75 | 33.75 |
| 1205 | 2 GAL | Bi-Cide | 25.35 | 50.70 |
| RECEIVED APR 14 2006 KCC WICHITA | | | | |
| | | | Sub Total | 3657.60 |
| | | | SALES TAX | 126.39 |
| | | | ESTIMATED TOTAL | 3783.99 |

THANK you 5.3%
801915
AUTHORIZATION [Signature] TITLE _____ DATE _____