

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

12/10/10

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Handwritten signature and date

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

API No. 15- 205-27012-00-001
County: Wilson
SE NW NE Sec. 8 Twp. 30 S. R. 15 East West

4500' FSL _____ feet from S / N. (circle one) Line of Section
1800' FEL _____ feet from E / W. (circle one) Line of Section.

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE NW SW

Lease Name: Graff Trusts Well #: A3-8
Field Name: Cherokee Basin Coal Gas Area

Producing Formation: Penn Coals
Elevation: Ground: 931' Kelly Bushing: _____

Total Depth: 1425' Plug Back Total Depth: 1415'
Amount of Surface Pipe Set and Cemented at 40 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 _____ 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.: _____

Designate Type of Completion: KCO
____ 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: Dart Cherokee Basin Operating Co., LLC

Well Name: Graff Trusts A3-8

Original Comp. Date: 1-29-2007 Original Total Depth: 1425'

____ Deepening ____ Re-perf. ____ Conv. to Enhr./SWD
 Plug Back: CIBP @ 1270' Plug Back Total Depth _____

____ Commingled Docket No. _____

____ Dual Completion Docket No. _____

____ Other (SWD or Enhr.?) Docket No. _____

11-25-08 1-22-2007 11-25-08
Spud Date or Date Reached TD Completion Date or Recompletion Date

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: 12-10-08

Subscribed and sworn to before me this 10th day of December
2008 Amanda L. Eifert
Notary Public: Amanda L. Eifert
Livingston County MI
Date Commission Expires: 10/7/2012
Acting in Ingham Co. MI

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
KANSAS CORPORATION COMMISSION
DEC 12 2008