

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: McPherson
License: 5675
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. _____

<u>1-20-06</u>	<u>1-24-06</u>	<u>2-14-06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 205-26242-00-00
County: Wilson
____ SW ____ NE ____ SW Sec. 23 Twp. 29 S. R. 14 East West
1750' FSL feet from N (circle one) Line of Section
3680' FEL feet from W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE NW SW
Lease Name: Puckett Farms Well #: C2-23
Field Name: Cherokee Basin Coal Gas Area
Producing Formation: Penn Coals
Elevation: Ground: 883' Kelly Bushing: _____
Total Depth: 1344' Plug Back Total Depth: 1336'
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 AIT II NGR
(Data must be collected from the Reserve Pit) 11-7-08
Chloride content NA ppm Fluid volume 120 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: Frey B4-12 SWD License No.: 33074
Quarter NE Sec. 12 Twp. 30 S. R. 14 East West
County: Wilson Docket No.: D-28438

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: 6-1-06

Subscribed and sworn to before me this 1st day of June, 2006

Notary Public: Karen L. Welton
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: Puckett Farms Well #: C2-23
 Sec. 23 Twp. 29 S. R. 14 ✓ East West County: Wilson

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 ✓ No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Log</td> <td style="width:40%;">Formation (Top), Depth and Datum</td> <td style="width:30%;">✓ Sample</td> </tr> <tr> <td>Name</td> <td>Top Datum</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">See Attached</td> </tr> </table>	Log	Formation (Top), Depth and Datum	✓ Sample	Name	Top Datum		See Attached		
Log	Formation (Top), Depth and Datum	✓ Sample								
Name	Top Datum									
See Attached										

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	30	See Attached
Prod	6 3/4"	4 1/2"	9.5#	1340'	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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	956' - 958'	300 gal 15% HCl, 1045# sd, 225 BBL fl	
4	883' - 886' / 868' - 870.5'	600 gal 15% HCl, 10065# sd, 28 bio-balls, 695 BBL fl	
4	788' - 790'	300 gal 15% HCl, 900# sd, 285 BBL fl	

TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes	✓ No
		2 3/8"	1154'	NA			
Date of First, Resumed Production, SWD or Enhr.		Producing Method					
2-7-06		Flowing		✓ Pumping		Gas Lift Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		
	NA	4	72	NA	NA		

Disposition of Gas METHOD OF COMPLETION Production Interval

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

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CONSOLIDATED OIL WELL SERVICES, INC.

P.O. BOX 884, CHANUTE, KS 66720

20-431-9210 OR 800-467-8676

TICKET NUMBER 08200

LOCATION EUREKA

FOREMAN Kevin McCoy

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-20-06	2368	Packett Farms C2-23	23	29S	14E	WILSON
CUSTOMER <u>Dart Cherokee Basin</u>		McPherson Drilg. Co.	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>3541 Co. Rd. 5400</u>			445	RICK L.		
CITY <u>Independence</u>	STATE <u>Ks</u>		479	JUSTIN		
ZIP CODE <u>67301</u>			436	LARRY		

JOB TYPE <u>SURFACE</u>	HOLE SIZE <u>11"</u>	HOLE DEPTH <u>44'</u>	CASING SIZE & WEIGHT <u>8 5/8 23" NEW</u>
CASING DEPTH <u>43'</u>	DRILL PIPE _____	TUBING _____	OTHER _____
CURRY WEIGHT <u>14.8*</u>	SLURRY VOL <u>7 BBL</u>	WATER gal/sk <u>6.5</u>	CEMENT LEFT IN CASING <u>10'</u>
DISPLACEMENT <u>2 BBL</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8 casing. BREAK CIRCULATION w/ 5 BBL Fresh water. Mixed 30 SKS Regular Cement w/ 3% CaCl2 @ 14.8* per gal, yield 1.35. Displace w/ 2 BBL Fresh water. Shut casing in. Good Cement Returns to Surface. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	620.00	620.00
5406	36	MILEAGE	3.15	113.40
1104	30 SKS	Regular Class "A" Cement	10.25	307.50
1102	85 #	CaCl2 3%	.64*	54.40
5407	1.41 TONS	Ton Mileage BULK TRUCK	MIC	275.00
5502 C	3 HRS	80 BBL VAC TRUCK	90.00	270.00
1123	2000 gals	CITY WATER	12.80 ^{per 1000}	25.60
			Sub Total	1665.90
			SALES TAX 6.3%	24.41
			ESTIMATED TOTAL	1690.31

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Thank you

[Signature]

AUTHORIZATION *[Signature]* TITLE _____ DATE _____

CONSOLIDATED OIL WELL SERVICES, INC.

P.O. BOX 884, CHANUTE, KS 66720

20-431-9210 OR 800-467-8676

TICKET NUMBER 08204

LOCATION EUREKA

FOREMAN KEVIN MCCOY

TREATMENT REPORT & FIELD TICKET

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-25-06	2368	Puckett Farms C2-23	23	295	14E	WILSON
CUSTOMER <u>Dart Cherokee Basin</u>						
MAILING ADDRESS <u>211 W. Myrtle</u>						
CITY <u>Independence</u>						
STATE <u>Ks</u>						
ZIP CODE <u>67301</u>						
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>445</u>	<u>RICK L.</u>		
			<u>479</u>	<u>GALIN</u>		

JOB TYPE Longstring HOLE SIZE 6 3/4 HOLE DEPTH 1344' CASING SIZE & WEIGHT 4 1/2 9.5" New
 CASING DEPTH 1340' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.2* SLURRY VOL 43 BBL WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 21.7 BBL DISPLACEMENT PSI 600 PSI 1100 Bump Plug RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2 casing. Break circulation w/ 35 BBL Fresh water. Pump 4 SKS Gel Flush w/ Hulls, 10 BBL Foamer, 10 BBL water Spacer. 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/ 21.7 BBL Fresh water. Final Pumping Pressure 600 PSI. Bump Plug to 1100 PSI. wait 5 minutes. Release Pressure. Float Held. Shut casing in @ 0 PSI. Good Cement Returns to Surface = 7 BBL Slurry. Job Complete. Rig down

ACCOUNT CODE	QUANTITY or 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 8" per/sk	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	MIC	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
			Sub Total	3657.60
			SALES TAX 6.3%	150.23
			ESTIMATED TOTAL	3807.83

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Thank you

6.3%

AUTHORIZATION AB TITLE _____ DATE _____

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