

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 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>4-27-06</u>	<u>5-1-06</u>	<u>5-8-06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-30955-00-00
County: Montgomery
 NW NE SE Sec. 10 Twp. 33 S. R. 15 East West
2005' FSL _____ feet from S / N (circle one) Line of Section
805' 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: R&T Hoover Well #: C4-10
Field Name: Cherokee Basin Coal Gas Area

Producing Formation: Penn Coals
Elevation: Ground: 816' Kelly Bushing: _____
Total Depth: 1366' Plug Back Total Depth: 1356'
Amount of Surface Pipe Set and Cemented at 45 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1360
feet depth to 0 w/ 140 ^{sx cmt}
Alt 2-Dlg-11-24-08

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.: _____

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: 9-13-06
Subscribed and sworn to before me this 13th day of September
2006
Notary Public: Melissa K. Bingham
Date Commission Expires: 6/5/11

KCC Office Use ONLY

Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received **RECEIVED**
 UIC Distribution **SEP 18 2006**

KCC WICHITA

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: R&T Hoover Well #: C4-10
 Sec. 10 Twp. 33 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 ✓ No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes ✓ No Cores Taken Yes ✓ No Electric Log Run ✓ Yes No <i>(Submit Copy)</i> 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#	45'	Class A	8	
Prod	6 3/4"	4 1/2"	9.5#	1360'	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 <i>(Amount and Kind of Material Used)</i>	Depth
4	1225' - 1226.5'	300 gal 15% HCl, 5920# sd, 97000 scf N2, 35 BBL fl	
4	930' - 932.5' / 913' - 915'	300 gal 15% HCl, 13500# sd, 138000 scf N2, 30 BBL fl	
4	869' - 871'	300 gal 15% HCl, 6710# sd, 111000 scf N2, 30 BBL fl	
4	819' - 821'	310 gal 15% HCl, 8700# sd, 111000 scf N2, 55 BBL fl	

TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes	✓ No
		2 3/8"	1320'	NA			
Date of First, Resumed Production, SWD or Enhr.		Producing Method					
6-12-06		Flowing		✓ Pumping		Gas Lift Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		
	NA	0	83	NA	NA		

Disposition of Gas **METHOD OF COMPLETION** Production Interval

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

RECEIVED

SEP 18 2006

KCC WICHITA

CONSOLIDATED OIL WELL SERVICES, INC.

P.O. BOX 884, CHANUTE, KS 66720

620-431-9210 OR 800-467-8676

TICKET NUMBER 09886

LOCATION EUREKA

FOREMAN KEVIN McCoy

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-1-06	2368	P & T Hoover C4-10	10	33S	15E	M6
CUSTOMER <u>DAK 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>439</u>	<u>JUSTIN</u>		

JOB TYPE Longstring HOLE SIZE 6 3/4 HOLE DEPTH 1366' CASING SIZE & WEIGHT 4 1/2 9.5# New
 CASING DEPTH 1360' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.2* SLURRY VOL 43 Bbl WATER gal/sk 3.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 22 Bbl DISPLACEMENT PSI 800 PSI 1300 Bump Plug RATE _____

REMARKS: Safety meeting: Rig up wash Head to 4 1/2 casing. Break Circulation w/ 30 Bbl fresh water, wash down 4' casing. Pump 4 sks Gel Flush w/ HULLS, 10 Bbl FORMER, 10 Bbl Fresh water. Spacer. Rig up Cement Head. Mixed 140 sks Thick Set Cement w/ 8" Kol-Seal per/sk @ 13.2* per/gal, yield 1.73. wash out Pump & Lines. Shutdown. Release Plug. Displace w/ 22 Bbl fresh water. FINAL Pumping Pressure 800 PSI. Bump Plug to 1300 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 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	14.65	2051.00
1110 A	1100 *	Kol-Seal 8" per/sk	.36 *	396.00
1118 A	200 *	Gel Flush	.14 *	28.00
1105	50 *	HULLS	.34	17.00
5407	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
RECEIVED SEP 18 2006 KCC WICHITA				
			Sub Total	3804.85
			SALES TAX 5.3%	134.19
			ESTIMATED TOTAL	3939.04

AUTHORIZATION [Signature]

TITLE _____

DATE _____

THANK YOU
205102