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KANSAS CORPORATION COMMISSION

11/27/07

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

NOV 30 2007

CONSERVATION DIVISION Form Must Be Typed
WICHITA, KS

Form ACO-1
September 1999

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

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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. _____

8-8-07	8-13-07	9-12-07
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 205-27260-00-00
County: Wilson
____ NW ____ SE ____ Sec. 10 Twp. 30 S. R. 14 East West
844' FSL _____ feet from S / N (circle one) Line of Section
706' 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: Macheers Family Trust Well #: D4-10
Field Name: Cherokee Basin Coal Gas Area
Producing Formation: Penn Coals
Elevation: Ground: 918' Kelly Bushing: _____
Total Depth: 1390' Plug Back Total Depth: 1384'
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 NA
(Data must be collected from the Reserve Pit)
Chloride content NA ppm Fluid volume 40 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: Porter et al D1-9 SWD License No.: 33074
Quarter SW Sec. 9 Twp. 30 S. R. 15 East West
County: Wilson Docket No.: D-28773

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: _____
Title: Engs Clerk Date: 11-27-07
Subscribed and sworn to before me this 27 day of November
20 07
Notary Public: Melissa K. Benghart
Date Commission Expires: 6/5/11

KCC Office Use ONLY

Letter of Confidentiality Attached
 If Denied, Yes No Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: Macheers Family Trust Well #: D4-10
 Sec. 10 Twp. 30 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 <input checked="" type="checkbox"/> No (Attach Additional Sheets) 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 (Submit Copy) 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: center;"> CONFIDENTIAL NOV 27 2007 KCC </div> <div style="text-align: right;"> RECEIVED KANSAS CORPORATION COMMISSION NOV 30 2007 CONSERVATION DIVISION WICHITA, KS </div>
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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#	40'	Class A	8	
Prod	6 3/4"	4 1/2"	9.5#	1384'	Thick Set	145	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
6	1127.5' - 1131'	100 gal 15% HCl, 5255# sd, 225 BBL fl	

TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes	No
		2 3/8"	1293'	NA			
Date of First, Resumed Production, SWD or Enhr.		Producing Method		Flowing	<input checked="" type="checkbox"/> Pumping	Gas Lift	Other (Explain)
9-15-07							
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		
	NA	17	19	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) _____

McPherson Drilling LLC Drillers Log

COPY

Rig Number: 2	S. 10	T. 30	R. 14E
API No. 16- 206-27260	County: WILSON		
Elev. 918	Location: NW SE SE		

Operator: Dart Cherokee Basin Operating Co. LLC
Address: 211 W Myrtle Independence, KS 67301
Well No: D4-10 Lease Name: MACHEERS FAMILY TRUST
Footage Location: 844 ft. from the South Line 706 ft. from the East Line
Drilling Contractor: McPherson Drilling LLC
Spud date: 8/9/2007 Geologist:
Date Completed: 8/13/2007 Total Depth: 1390

Gas Tests:
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Comments:
Start injecting @ 300

Casing Record			Rig Time:	
	Surface	Production		
Size Hole:	11"	8 3/4"		
Size Casing:	8 5/8"			
Weight:	20#			
Setting Depth:	40	McPherson	Driller:	Harold Groth
Type Cement:	Portland			
Sacks:	8	McPherson		

Well Log										
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.	Formation	Btm.
soil	0	4	pink lime	838	861					
shale	4	50	black shale	861	863					
lime	50	62	shale	863	903					
shale	62	91	oswego lime	903	923					
lime	91	102	summit	923	935					
sandy shale	102	180	lime	935	940					
lime	180	184	mulky	940	949					
shale	184	280	lime	949	954					
sand	280	295	shale	954	996					
shale	295	357	coal	996	997					
lime	357	364	shale	997	1054					
shale	364	409	coal	1054	1055					
lime	409	500	shale	1055	1137					
shale	500	503	coal	1137	1140					
lime	503	541	shale	1140	1199					
shale	541	553	coal	1199	1201					
lime	553	574	shale	1201	1247					
shale	574	590	Mississippi	1247	1390					
lime	590	621								
shale	621	672								
lime	672	732								
shale	732	833								
lime	833	836								
coal	836	836								

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CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 12466
 LOCATION Furcks
 FOREMAN Tracy Johnson

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
11/27/07		Macheyan				Cherokee																
CUSTOMER Dart Cherokee name			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>463</td> <td>Cliff</td> <td></td> <td></td> </tr> <tr> <td>464</td> <td>John</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	463	Cliff			464	John						
TRUCK #	DRIVER	TRUCK #					DRIVER															
463	Cliff																					
464	John																					
MAILING ADDRESS 211 W. Myrtle																						
CITY Chanute	STATE KS	ZIP CODE 66703																				

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JOB TYPE Leaking HOLE SIZE 6 1/2 HOLE DEPTH 1320 CASING SIZE & WEIGHT 4 1/2 KOC
 CASING DEPTH 1854' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL 44 bbl WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 22 1/2 bbl DISPLACEMENT PSI 600 MIX PSI 1100 RATE _____

REMARKS: Safely bleeding rig up to 4 1/2" casing with circulation - 1/2" water
 Pump 4 1/2" Gel Floet and 1 1/2" 50% water spacer, 1 1/2" spacer to 1854' well
 1100' Dye water mixed 1455K Thick set Cement and 1" Gel Floet to 1854'
 "Gel" most out pump & bleed, Release 1455' Displace with 22 1/2 bbl water
 Final Pump Pressure low PSI Pump Plug to 1100' PSI well, Pump release
 Pressure Floet Hold least Cement to surface = 3000' slurry to PSI

Tracy Johnson

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	840.00	840.00
5406	40	MILEAGE	3.30	132.00
1126A	1455K	Thick Set Cement	15.40	22398.00
1110A	1160"	Vol-Floet 8" 1/2"	3.45	4001.00
1118A	200"	C-1-Fluor	1.50	300.00
1105	50"	Fluor	3.60	180.00
5407	7.95 Ton	Ton-Mileage Bulk Travel	n/c	285.00
4404	1	4 1/2" Top Rubber Ply	40.00	40.00
11163	1 gal	Soap	35.45	35.45
1146	2 gal	B. Oil	26.65	53.30
		Fluor	965.1111	4107.55
		SALES TAX		173.99
		ESTIMATED TOTAL		47515.4

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AUTHORIZATION [Signature] TITLE _____ DATE _____