

CONFIDENTIAL

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: Dart Cherokee Basin Operating Co., LLC

Well Name: Ellison et al A2-36

Original Comp. Date: 10-15-08 Original Total Depth: 1652'

☐ 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.

10-30-08 8-21-08 11-20-08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 125-31741-00-00
County: Montgomery

SW NE NW Sec. 36 Twp. 34 S. R. 14 ☒ East ☐ West
4520' FSL feet from S / N (circle one) Line of Section
3480' 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: Ellison et al Well #: A2-36

Field Name: Cherokee Basin Coal Gas Area

Producing Formation: Penn Coals

Elevation: Ground: 906' Kelly Bushing:

Total Depth: 1652' Plug Back Total Depth: 1636'

Amount of Surface Pipe Set and Cemented at 65 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.: _____

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, Michigan

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

DEC 12 2008

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: Ellison et al Well #: A2-36
 Sec. 36 Twp. 34 S. R. 14 ☒ 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 (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy) List All E. Logs Run:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Log Name</th> <th style="width: 40%;">Formation (Top), Depth and Datum</th> <th style="width: 30%;">✓ Sample</th> </tr> <tr> <td> </td> <td>Top Datum</td> <td> </td> </tr> </table>	Log Name	Formation (Top), Depth and Datum	✓ Sample		Top Datum	
Log Name	Formation (Top), Depth and Datum	✓ Sample					
	Top Datum						

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#	65'	Class A	40	
Prod	6 3/4"	4 1/2"	10.5#	1644'	Thick Set	170	

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	1486.5' - 1490' / 1486' - 1489.5'	10 BBL 15% HCl, 4180# sd, 150 BBL fl	

TUBING RECORD	Size	Set At	Packer At	Liner Run	CONSERVATION DIVISION WICHITA, KS
	2 3/8"	1603'	NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Date of First, Resumed Production, SWD or Enhr.	Producing Method			
11-26-08	Flowing	<input checked="" type="checkbox"/> Pumping	Gas Lift	Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls. NA	Gas Mcf 0	Water Bbls. 9	Gas-Oil Ratio NA
				Gravity NA

Disposition of Gas ☐ Vented ☐ Sold ☐ Used on Lease ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled ☐ Other (Specify) _____

(If vented, Submit ACO-18.)