

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

4/27/13

OPERATOR: License # 33074
Name: Dart Cherokee Basin Operating Co LLC
Address 1: P O Box 177
Address 2: _____
City: Mason State: MI Zip: 48854 + 0177
Contact Person: Beth Oswald
Phone: (517) 244-8716
CONTRACTOR: License # 5675
Name: McPherson Drilling
Wellsite Geologist: Bill Barks
Purchaser: Oneok

KCC
APR 27 2011
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Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., 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 Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

12-29-10	1-4-11	3-30-11
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-32021-00-00

Spot Description: _____

W2_NW_NW Sec. 2 Twp. 33 S. R. 14 East West

4,620 Feet from North / South Line of Section

4,680 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Montgomery

Lease Name: Sullivan et al Well #: A1-2

Field Name: Cherokee Basin Coal Gas Area

Producing Formation: Penn Coals

Elevation: Ground: 893' Kelly Bushing: _____

Total Depth: 1537' Plug Back, Total Depth: 1528'

Amount of Surface Pipe Set and Cemented at: 41 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 #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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.

AFFIDAVIT

I am the affiant and I hereby certify that 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: Engr Support Supvr Date: 4-27-11

KCC Office Use ONLY

RECEIVED

Letter of Confidentiality Received
Date: 4/27/11 - 4/27/13 **APR 28 2011**

Confidential Release Date: _____ **KCC WICHITA**

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____