

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

2/19/12

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: C&C Services
License: 3222 33686
Wellsite Geologist: Bill Barks

KCC
B 1 9 2010
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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: Dart Cherokee Basin Operating Co., LLC

Well Name: _____
Original Comp. Date: 12/24/03 Original Total Depth: 1487
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back Set CIBP @ 1287' Plug Back Total Depth _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. _____

2/4/10 12-8-03 2/5/10
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 205-25662-00-02
County: Wilson
_____ NW, NW Sec. 28 Twp. 30 S. R. 15 East West
1980' FSL feet from N (circle one) Line of Section
4620' FEL feet from W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Orr Well #: C1-28
Field Name: Cherokee Basin Coal Gas Area
Producing Formation: Penn Coals
Elevation: Ground: 975' Kelly Bushing: _____
Total Depth: 1487' Plug Back Total Depth: 1475'
Amount of Surface Pipe Set and Cemented at 21' 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 WD 1/522610
(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: Beth Oswald
Title: Engr Support Supvr Date: 2-19-10
Subscribed and sworn to before me this 19th day of February
2010
Notary Public: Pat Holmes
Date Commission Expires: _____

PAT HOLMES
Notary Public: State of Michigan
County of Jackson
My Commission Expires Dec. 29, 2014
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
RECEIVED
FEB 22 2010

KCC WICHITA

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: Orr Well #: C1-28
 Sec. 28 Twp. 30 S. R. 15 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 <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:	<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> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Log Name	Formation (Top), Depth and Datum	✓ Sample						
Log Name	Formation (Top), Depth and Datum	✓ Sample								

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

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		Acid, Fracture, Shot, Cement Squeeze Record		Depth
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)		
existing	1335' - 1336'				
existing	2/5/10 Set CIBP @ 1287'		300 gal 15% HCl, 2315# sd, 220 BBL fl		
existing	1098' - 1100'		300 gal 10% HCl, 1710# sd, 225 BBL fl		
existing	991' - 993.5'		500 gal 10% HCl, 10 bioballs, 5055# sd, 500 BBL fl		
existing	873' - 875'		300 gal 10% HCl, 1710# sd, 220 BBL fl		

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8"	1228'	NA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Date of First, Resumed Production, SWD or Enhr.	Producing Method			
2-8-10	Flowing	<input checked="" type="checkbox"/> Pumping	Gas Lift	Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	NA	9	0		

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) _____