

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

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>9-2-03</u>	<u>9-4-03</u>	<u>9-12-03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

RECEIVED

MAR 15 2004

KCC WICHITA

API No. 15 - 205-25650-00-00  
 County: Wilson  
E2. NW. SE. SE Sec. 26 Twp. 30 S. R. 15  East  West  
900' FSL feet from (S) N (circle one) Line of Section  
800' 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: L&D Jensen Well #: D4-26  
 Field Name: Cherokee Basin Coal Gas Area  
 Producing Formation: Penn Coals  
 Elevation: Ground: 1016' Kelly Bushing: \_\_\_\_\_  
 Total Depth: 1463' Plug Back Total Depth: 1293'  
 Amount of Surface Pipe Set and Cemented at 22 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** ACE 11 W 5-24-04  
 (Data must be collected from the Reserve Pit)  
 Chloride content \_\_\_\_\_ ppm Fluid volume NA bbls  
 Dewatering method used no fl in pit  
 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: Admn & Engr Asst Date: 3-12-04  
 Subscribed and sworn to before me this 12 day of March  
18 2004  
 Notary Public: Bonnie R. Friend  
 Date Commission Expires: 11-29-04

**KCC Office Use ONLY**  
 Letter of Confidentiality Attached  
 If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

X

ORIGINAL

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: L&D Jensen Well #: D4-26  
 Sec. 26 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 <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  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 <i>(Submit Copy)</i>  List All E. Logs Run:  High Resolution Compensated Density Neutron	Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample  Name Top Datum  See Attached  <div style="text-align: center;"> <b>RECEIVED</b>   <b>MAR 15 2004</b>   <b>KCC WICHITA</b> </div>
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CASING RECORD <span style="float: right;">New Used</span>							
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"		22'	Class A	4	
Prod	6 3/4"	4 1/2"	10.5	1293'	50/50 Poz	180	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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
6	1133.5'-1136.5'		300 gal 12% HCl, 4515# sd, 450 BBL fl	
6	1056.5'-1058.5'		300 gal 12% HCl, 1735# sd, 235 BBL fl	
6	996'-997'		300 gal 12% HCl, 1520# sd, 355 BBL fl	
6	955'-958.5'		300 gal 12% HCl, 7530# sd, 800 BBL fl	
6	832'-833'		300 gal 12% HCl, 1790# sd, 235 BBL fl	

TUBING RECORD	Size <u>2 3/8"</u>	Set At <u>1256'</u>	Packer At <u>NA</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. <u>11-1-03</u>	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. <u>NA</u>	Gas Mcf <u>29</u>	Water Bbls. <u>22</u>	Gas-Oil Ratio <u>NA</u>	Gravity <u>NA</u>
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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) \_\_\_\_\_





**CONSOLIDATED OIL WELL SERVICES**  
AN INFINITY COMPANY

211 W. 14TH STREET, CHANUTE, KS 66720  
620-431-9210 OR 800-467-8676

RECEIVED  
MAR 15 2004  
KCC WICHITA  
SEP 15 2003

**ORIGINAL**  
TICKET NUMBER 22681  
LOCATION Bartlesville

**FIELD TICKET**

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
9-5-03	2368	Lt. D Jensen	D4-26	26	30S	15E	WAGON	
CHARGE TO <del>2368</del> Dart				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401	1	PUMP CHARGE Production Casing		525.00
1105	2 sks	Cottonseed Hulls		25.90
1107	2 sks	Fla Seal		25.50
1110	18 sks	Gilsonite		349.20
1111	450 #	Granulated Salt		45.00
1118	6 sks	Premium Gel		20.80
1123	6500 gal	City Water		23.13
1205	1/8 gal	Supersweet (Bactericide)		33.25
1238	1 gal	Mud Flush		30.00
5401	min	BLENDING & HANDLING		
		TON-MILES		
		STAND BY TIME		190.00
		MILEAGE		
5501	4 1/2 hrs	WATER TRANSPORTS		
5502	4 1/2 hrs	VACUUM TRUCKS		332.50
		FRAC SAND		315.00
1124	180 sks ✓	CEMENT		
				1161.00
			SALES TAX	99.03
			ESTIMATED TOTAL	3330.81

Ravin 2790

CUSTOMER or AGENTS SIGNATURE William Esaka CIS FOREMAN Joseph Williams

CUSTOMER or AGENT (PLEASE PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

186489

