Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

Kansas Corporation Commission Oil & Gas Conservation Division

Form CP-4
December 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD K.A.R. 82-3-117

Lease Operator: Dart Cherokee Basin Operating Co. LLC					API Number: 15 - 125-29845-0000	
Address: 211 W Myrtle, Independence, Ks. 67301					Lease Name:	
Phone: (620) 331 - 7870 Operator License #: 33074					Well Number: # 5	
Type of Well: Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) Operator Liberts #: Docket #: (If SWD or ENHR)					Spot Location (QQQQ): NE - SW - NW	
The plugging proposal was approved on: 11/9/2005 (Date)					Sec. 13 Twp. 32S S. R. 15 West Section Line Sec. 10 Twp. 32S S. R. 15 V East West County:	
by: John Almond (KCC District Agent's Name)						
Is ACO-1 filed? ✓ Yes No If not, is well log attached? Yes ✓ No						
Producing Formation(s): List All (If needed attach another sheet) Mulley 738 - 747 - 1167					Date Well Completed: 1/26/1995	
Mulky Depth to Top: 738 Bottom: 747 T.D. 1167					Plugging Commenced: 11/11/2005 Plugging Completed: 11/11/2005	
Depth to Top: Bottom: T.D						
Depth to Top: Bottom: T.D						
Show depth and thickness		as formations.				
Oil, Gas or Water Records Casing Record (Surface Conductor & Production)						
Formation	Content	From	To	Size	Put In	Pulled Out
		0	69'	8.75"	0	
		0	1157	4.5"	0	0
Describe in detail the mann hole. If cement or other plugged well using the Shut in pressure value.	ugs were used, state the squeeze metho	the character o	f same depth p	laced from (bott	tom), to (top) for each p	
		arad lagation				
Cut well off below plo	w deptil and rest	neu location	I.			
Name of Plugging Contractor: W & W Production Company License #: 5491						
Address: 1150 HWY 39, Chanute, Ks. 66720						
Name of Party Responsible for Plugging Fees: Dart Cherokee Basin Operating Co. LLC.						
State of Kansas County, Montgomery , ss.						
Tony Williams				(Employee o	of Operator) or (Operator) on above-described well, being first duly
sworn on oath, says: That same are true and correct,		ne facts statem	ents, and matte	rs herein contai	ined, and the log of the	above-described well is as filed, and the
LISA SHAR Notary Public - State	of Kansas	(Signature) ONY (Signature) (Address) 211 W. Myrtle Independence, Ks. 67301				
My Appt. Expires 5-20		(*				05
SUBSCRIBED and SWORN TO before me this 15th day of November 20 05						
Ausa Sharthw My Commission Expires: 5-36-06						

J. July