

For KCC Use:  
 Effective Date: 2-11-08  
 District # 3  
 SGA?  Yes  No

KANSAS CORPORATION COMMISSION  
 OIL & GAS CONSERVATION DIVISION

Form C-1

October 2007

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

NOTICE OF INTENT TO DRILL

Must be approved by KCC five (5) days prior to commencing well

Expected Spud Date: February 15, 2008  
month day year

Spot Description:  
 NW NE Sec. 34 Twp. 29 S. R. 14  E  W  
 (a/a/a) 4940 feet from  N /  S Line of Section  
 2217 feet from  E /  W Line of Section

OPERATOR: License# 33074  
 Name: Dart Cherokee Basin Operating Co LLC  
 Address 1: 211 W Myrtle  
 Address 2:  
 City: Independence State: KS Zip: 67301  
 Contact Person: Tony Williams  
 Phone: 620-331-7870

Is SECTION:  Regular  Irregular?  
 (Note: Locate well on the Section Plat on reverse side)

CONTRACTOR: License# 5675  
 Name: McPherson Drilling

County: Wilson  
 Lease Name: Edens Well #: A3-34  
 Field Name: Cherokee Basin Coal Gas Area

Is this a Prorated / Spaced Field?  Yes  No

Well Drilled For: Well Class: Type Equipment:  
 Oil  Enh Rec  Infield  Mud Rotary  
 Gas  Storage  Pool Ext.  Air Rotary  
 Seismic; # of Holes  Wildcat  Cable  
 Other:  Other

Target Formation(s): Mississippian  
 Nearest Lease or unit boundary line (in footage): 340 Feet  
 Ground Surface Elevation: 866 feet MSL

Water well within one-quarter mile:  Yes  No  
 Public water supply well within one mile:  Yes  No

Depth to bottom of fresh water: 175' + -  
 Depth to bottom of usable water: 200'

Surface Pipe by Alternate:  I  II  
 Length of Surface Pipe Planned to be set: 40'

Length of Conductor Pipe (if any):  
 Projected Total Depth: 1449 Feet  
 Formation at Total Depth: Mississippian

Water Source for Drilling Operations:  
 Well  Farm Pond  Other

DWR Permit #: (Note: Apply for Permit with DWR )

Will Cores be taken?  Yes  No

If Yes, proposed zone:

If OWWO: old well information as follows:  
 Operator:  
 Well Name:  
 Original Completion Date: Original Total Depth:  
 Directional, Deviated or Horizontal wellbore?  Yes  No  
 If Yes, true vertical depth:  
 Bottom Hole Location:  
 KCC DKT #:

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 KANSAS CORPORATION COMMISSION

FEB 06 2008

CONSERVATION DIVISION  
 WICHITA, KS

AFFIDAVIT

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. seq.

It is agreed that the following minimum requirements will be met:

1. Notify the appropriate district office **prior** to spudding of well;
2. A copy of the approved notice of intent to drill **shall be** posted on each drilling rig;
3. The minimum amount of surface pipe as specified below **shall be set** by circulating cement to the top; in all cases surface pipe **shall be set** through all unconsolidated materials plus a minimum of 20 feet into the underlying formation.
4. If the well is dry hole, an agreement between the operator and the district office on plug length and placement is necessary **prior to plugging**;
5. The appropriate district office will be notified before well is either plugged or production casing is cemented in;
6. If an ALTERNATE II COMPLETION, production pipe shall be cemented from below any usable water to surface within **120 DAYS** of spud date. Or pursuant to Appendix "B" - Eastern Kansas surface casing order #133,891-C, which applies to the KCC District 3 area, alternate II cementing must be completed within 30 days of the spud date or the well shall be plugged. **In all cases, NOTIFY district office** prior to any cementing.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: February 5, 2008 Signature of Operator or Agent: Tony Williams Title: Safety & Environmental Manager

For KCC Use ONLY  
 API # 15 - 205-27436-0000  
 Conductor pipe required None feet  
 Minimum surface pipe required 40 feet per ALT.  I  II  
 Approved by: KM 2-6-08  
 This authorization expires: 2-6-09  
 (This authorization void if drilling not started within 12 months of approval date.)  
 Spud date: Agent:

Remember to:

- File Drill Pit Application (form CDP-1) with Intent to Drill;
- File Completion Form ACO-1 within 120 days of spud date;
- File acreage attribution plat according to field proration orders;
- Notify appropriate district office 48 hours prior to workover or re-entry;
- Submit plugging report (CP-4) after plugging is completed (within 60 days);
- Obtain written approval before disposing or injecting salt water.
- If this permit has expired (See: authorized expiration date) please check the box below and return to the address below.

Well Not Drilled - Permit Expired Date: Signature of Operator or Agent:

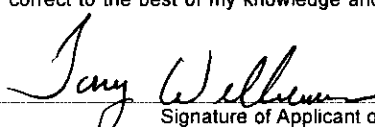
34 29 14  E  W



**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
APPLICATION FOR SURFACE PIT**

Form CDP-1  
April 2004  
Form must be Typed

*Submit in Duplicate*

Operator Name: <b>Dart Cherokee Basin Operating Co LLC</b>		License Number: 33074	
Operator Address: <b>211 W Myrtle</b>		<b>Independence KS 67301</b>	
Contact Person: <b>Tony Williams</b>		Phone Number: <b>620-331-7870</b>	
Lease Name & Well No.: <b>Edens A3-34</b>		Pit Location (QQQQ): NW NW NE Sec. <b>34</b> Twp. <b>29</b> R. <b>14</b> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <b>4940</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <b>2217</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>Wilson</b> County	
Type of Pit: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit <small>(If WP Supply API No. or Year Drilled)</small>	Pit is: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing If Existing, date constructed:  Pit capacity: <b>926</b> (bbls)		
Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Chloride concentration: _____ mg/l <small>(For Emergency Pits and Settling Pits only)</small>	
Is the bottom below ground level? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Artificial Liner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	How is the pit lined if a plastic liner is not used? <b>Natural Clays</b>	
Pit dimensions (all but working pits): <b>35</b> Length (feet) <b>30</b> Width (feet) <input type="checkbox"/> N/A: Steel Pits Depth from ground level to deepest point: <b>5</b> (feet) <input type="checkbox"/> No Pit			
If the pit is lined give a brief description of the liner material, thickness and installation procedure.		Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring.	
		<b>RECEIVED</b> KANSAS CORPORATION COMMISSION <b>FEB 06 2008</b> CONSERVATION DIVISION WICHITA, KS	
Distance to nearest water well within one-mile of pit <b>N/A</b> feet    Depth of water well _____ feet	Depth to shallowest fresh water _____ feet. Source of information: <input type="checkbox"/> measured <input type="checkbox"/> well owner <input type="checkbox"/> electric log <input type="checkbox"/> KDWR	<b>15-205-27436-0000</b>	
<b>Emergency, Settling and Burn Pits ONLY:</b> Producing Formation: _____ Number of producing wells on lease: _____ Barrels of fluid produced daily: _____ Does the slope from the tank battery allow all spilled fluids to flow into the pit? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Drilling, Workover and Haul-Off Pits ONLY:</b> Type of material utilized in drilling/workover: <b>None</b> Air Rig Number of working pits to be utilized: <b>0</b> Abandonment procedure: <b>Air Dry &amp; Backfill</b> Drill pits must be closed within 365 days of spud date.		
I hereby certify that the above statements are true and correct to the best of my knowledge and belief.			
February 5, 2008 Date		 Signature of Applicant or Agent	
<b>KCC OFFICE USE ONLY</b>			
Date Received: <b>2/6/08</b> Permit Number: _____		Steel Pit <input type="checkbox"/> RFAC <input type="checkbox"/> RFAS <input type="checkbox"/>	
Permit Date: <b>2/6/08</b> Lease Inspection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			