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

## **WELL PLUGGING RECORD**

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

W

K.A.R. 82-3-117

Lease Operator: Dart Cherokee Basin Operating Co. LLC					API Number: 15 - 205 - 19426 -0000		
Address: 211 W. Myrtle, Independence, Ks. 67301					Lagas Nama: Hall		
Phone: (620 ) 331 -7870 Operator License #: 33074					Well Number:		
Type of Well:  (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other)  Docket #:					Spot Location (QQQQ): NW - NE - NE		
The plugging proposal was approved on: 1/24/2007 (Date)					1107 Feet from 🗸 East / 🗌 West Section Line		
by: Alan Dunnning (KCC District Agent's Name)					Sec. 22 Twp. 29	s. <sub>R.</sub> 15	✓ East
Is ACO-1 filed? ☐ Yes ✔ No If not, is well log attached? ☐ Yes ✔ No					County: Wilson		
Producing Formation(s): List All (If needed attach another sheet)					Date Well Completed: NA		
Unknown Depth to Top: NA Bottom: NA T.D. 1000'					Plugging Commenced: 1/25/2007		
Depth to Top: Bottom: T.D					Plugging Completed: 1/25/2007		
Depth to Top: Bottom: T.D							
Show depth and thickness of	of all water, oil and gas	formations.					
					Surface Conductor & Production)		
Formation	Content	From	То	Size	Put in	Pulled Out	
		0	20'	7"			
		0	1000'	4.5"			
	İ						
Plugged well by using Shut in pressure w	gs were used, state the the squeeze method	character of s	ame depth pla	aced from (botto	om), to (top) for each plug	j set.	
Casing was cut off bel	ow plow depth and	location res	stored.			KANSAS COR	ECCIVED PORATION COMMISSION
Name of Plugging Contractor: W W Production Company  License #: 5491							B 0 5 2007
Address: 1150 Highway 39, Chanute, Ks. 66720 WICHITA, KS							AND ASSESSED TO BE A SECOND SE
Name of Party Responsible	for Plugging Fees: Da	rt Cherok	ee Basin	Operating	Co. LLC.	<del></del>	
State of Kansas	. County, _N	/lontgome	ry	_ , SS.			
Tony Williams	···			_ (Employee of	Operator) or (Operator) or	n above-described w	ell. being first duly
sworn on oath, says: That I I same are true and correct, s		facts statemen	ts, and matters	s herein contain	ned, and the log of the ab	ove-described well is	s as filed, and the
LISA SHAR  Notary Public-State  My Appt. Expires 5 - 3	of Kansas	Signature) Address) 21	1 W. Myrtle	, Independer	nce, Ks. 67301		
	SUBSCRIBED and SI	WORN TO bef	ore me this	2nd day of	February		, 20 07
	Tisa	Notary Publ	ther	)Му	Commission Expires:	5-26.	10