

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.

RBC'D W/ INCORRECT
KSONA-1 FORM.

Form CP-1
March 2010

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

OPERATOR: License #: 33074
Name: Dart Cherokee Basin Operating Co LLC
Address 1: P O Box 177
Address 2: _____
City: Mason State: MI Zip: 48854 + 0177
Contact Person: Beth Oswald
Phone: (517) 244-8716

API No. 15 - unknown
If pre 1967, supply original completion date: _____
SW/NE description: _____
NW SE SW Sec. 30 Twp. 33 S. R. 15 ☒ East ☐ West
975 Feet from ☐ North / ☒ South Line of Section
3,230 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☒ SE ☐ SW
County: Montgomery
Lease Name: Mills Well #: 3

Check One: ☐ Oil Well ☒ Gas Well ☐ OG ☐ D&A ☐ Cathodic ☐ Water Supply Well ☐ Other: _____
☐ SWD Permit #: _____ ☐ ENHR Permit #: _____ ☐ Gas Storage Permit #: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: unknown Set at: _____ Cemented with: _____ Sacks
Production Casing Size: unknown Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:
unknown

Elevation: unknown (☒ G.L. / ☐ K.B.) T.D.: unknown PBTD: unknown Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: ☒ Good ☐ Poor ☐ Junk in Hole ☐ Casing Leak at: _____
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

TIH to TD. Set cmt plug fr TD - surf. Cut off csg. Restore loc.

Is Well Log attached to this application? ☐ Yes ☒ No Is ACO-1 filed? ☒ Yes ☐ No

If ACO-1 not filed, explain why:

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: Aaron Hammerschmidt
Address: P O Box 177 City: Mason State: MI Zip: 48854 + _____
Phone: (517) 244-8716

Plugging Contractor License #: 5491 Name: W&W Production
Address 1: 1150 Hwy 39 Address 2: _____
City: Chanute State: KS Zip: 69720 + _____
Phone: (620) 431-4137

Proposed Date of Plugging (if known): before 6-30-11 P&A 5/17/11 per telecon w/oper. 5/17/11

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: 5-13-11 Authorized Operator / Agent: Beth Oswald (Signature)

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

KCC WICHITA

MAY 16 2011

RECEIVED

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONCERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACTForm KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application).
Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: ☐ C-1 (Intent) ☐ CB-1 (Cathodic Protection Borehole Intent) ☐ T-1 (Transfer) ☒ CP-1 (Plugging Application)

OPERATOR License # 33074
Name: Dart Cherokee Basin Operating Co LLC
Address 1: P O Box 177
Address 2: _____
City: Mason State: MI Zip: 48854 + 0177
Contact Person: Beth Oswald
Phone: (517) 244-8716 Fax: (620) 331-7870
Email Address: boswald@dartoilandgas.com

Well Location: OK per RAH
NE SE SW Sec. 30 Twp. 33 S. R. 15 ☒ East ☐ West
County: Montgomery
Lease Name: Mills Well #: 3

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: Scott & Kelli Mills
Address 1: 2733 CR 3200
Address 2: _____
City: Independence State: KS Zip: 67301 + _____

Post-It® Fax Note	7671	Date	5-17-11	# of pages	2
To	Maggie	From	Beth		
Co./Dept	KCC	Co.	DCBO		
Phone #		Phone #	517-244-8716		
Fax #	316-337-6211	Fax #	517-676-5887		

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

☒ I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.

☐ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

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

Date: 5-13-11 Signature of Operator or Agent: Beth Oswald Title: Engr Support Supvr

5-17-11

Beth Oswald

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT

INCORRECT SPOT
LOC. MUST BE
CORRECTED.

Form KSONA-1

July 2010

Form Must Be Typed

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OPERATOR: License # 33074
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City: Mason State: MI Zip: 48854 + 0177
Contact Person: Beth Oswald
Phone: (517) 244-8716 Fax: (620) 331-7870
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Well Location:
[☐ NW ☐ SE ☐ SW Sec. 30 Twp. 33 S. R. 15 ☒ East ☐ West
County: Montgomery
Lease Name: Mills Well #: 3

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Surface Owner Information:

Name: Scott & Kelli Mills
Address 1: 2733 CR 3200
Address 2: _____
City: Independence State: KS Zip: 67301 + _____

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

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Date: 5-13-11 Signature of Operator or Agent: Beth Oswald Title: Engr Support Supvr

RECEIVED

MAY 16 2011

KCC WICHITA



CORPORATION COMMISSION

Sam Brownback, Governor, Mark Sievers, Chairman, Ward Loyd, Commissioner, Thomas E. Wright, Commissioner

NOTICE OF RECEIPT OF WELL PLUGGING APPLICATION (CP-1)

DART CHEROKEE BASIN OPERATING CO., LLC
600 DART RD
PO BOX 177
MASON, MI 48854-9327

May 19, 2011

Re: MILLS #3
API 15-125-02282-00-00
30-33S-15E, 975 FSL 3230 FEL
MONTGOMERY COUNTY, KANSAS

Dear Operator:

This letter is to notify you that the Conservation Division has received your plugging proposal, form CP-1, for the above well and has reviewed the proposal for completeness. The central office will now forward your CP-1 to the district office listed below for review of the proposed plugging method. **Please contact the district office for approval of your proposed plugging method at least five (5) days before plugging the well, pursuant to K.A.R. 82-3-113(b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit in accordance with K.A.R. 82-3-600.**

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well. This notice in no way constitutes authorization to plug the above well by persons not having legal rights of ownership or interest in the well.

This notice is void after November 15, 2011. The CP-1 filing does not bring the above well into compliance with K.A.R. 82-3-111 with regard to the Commission's temporary abandonment requirements.

Sincerely,

Steve Bond
Production Department Supervisor

District: #3
1500 W. 7th
Chanute, KS 67220
(620) 432-2300