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 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

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

OPERATOR: License #: 33074			API No. 15 . 205-27398-00-00									
Name Dart Cherokee Basin Operating Co LLC												
Address 1: 211 W Myrtle Str			Spot Description:									
Address 2			4,620 / Feet from North / South Line of Section									
City: Independence State	KS Zip: 67301		1,980 / Feet from / East /   West Line of Section									
Contact Person: Bill Barks		Footages	Footages Calculated from Nearest Outside Section Corner:									
Phone: (620) 331-7870			□ NE □ NW ☑ SE □ SW									
Type of Well* (Check one)   Oil Well     Gas We!!   OG   D&A   Calhodic    Water Supply Well*   Other:   SWD Permit #:     ENHR Permit #   Gas Storage Permit #:     Is ACO-1 filed?   Yes   No   If not, is well log attached?   Yes   No   Producing Formation(s): List All (If needed attach another sheet)			County: Wilson  Lease Name: Tindle Well #: A-1  Date Well Completed: NA  The plugging proposal was approved on: 6-5-11 (Date) by: Allen (KCC District Agent's Name)									
									Plugging Commenced: 6-8-11			
						Depth to Top Bottom: T.D			Plugging Commenced: 6-8-11   Plugging Completed:			
						Depth to Top.	Depth to Top Bottom:T.D					
								l		<del></del>		
						Show depth and thickness of all water, oil and gas formations.						
Oil, Gus or Water Records	C	asing Record (Surf	ing Record (Surface, Conductor & Production)									
Formation Content	Casing	Size	Setting Depth	Pulled Out								
	surf	8 5/8"	40'	i l								
	prod	A 170"	1580'									
	·	4 1/2"	- 1380									
	Ţ											
			1									
			<u> </u>	<u></u>								
Describe in detail the manner in which the well is cement or other plugs were used, state the characteristics.	plugged, indicating where the mud ()	uid was placed and	the method or method	is used in introducing it into the hote. If								
centent of other plags here used, state the therac	ter or same depth placed from (ootio	m, to (top) for each	plug sel.									
TIH w/ tbg to 1550'. Set 117 sx	comt plug fr 1550' - sur	f. Cut off cs	g. Restored lo	oc.								
Plugging Contractor License #5491		ame: W&W	Production									
	N	ame;	TOULICION									
Address 1. 1150 Hwy 39	A	ddress 2;										
Chanute		_ K	3	Zip. 66720								
		State		Zip:+								
Phone (620 ) 431-4137												
	art Charakaa Basia O	noratina Ca	110									
Name of Party Responsible for Plugging Fees:	varr.Cherokee_Basin_O	peraung_Co	£L.C									
State of Kansas Cou	<sub>inty.</sub> <u>Montgomery</u>	, ss										
Bill Barks		·		Z: Operator on above-described well,								
(Print Nar	770)	+ Em	ployee of Operator or ;	Q: Operator on above-described well,								
being first duly sworn on oath, says. That I have kn	owledge of the facts statements, and	matters herein con	tained, and the log of t	he above-described well is as filed, and								
the same are true and correct, so help me God.												
Signature Will Soul	2 .											
- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			•	DE0								
Mail to: KCC -	Conservation Division, 130 S. M	arket - Room 207	8, Wichita, Kansas	RECEIVED								

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