

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-1
March 2010
This Form must be Typed
Form must be Signed
All blanks must be Filled

WELL PLUGGING APPLICATION

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

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 - 125-20526-00-00
If pre 1967, supply original completion date: _____
Spot Description: _____
NE SE SW Sec. 18 Twp. 33 S. R. 15 East West
740 Feet from North / South Line of Section
2,220 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Montgomery
Lease Name: Sewell Well #: 6

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

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

List (ALL) Perforations and Bridge Plug Sets:
unknown

Elevation: 850' (G.L. / K.B.) T.D.: 1232' PBTD: _____ 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:
unknown

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): August 15, 2011

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

Date: 7-25-11 Authorized Operator / Agent: Beth Oswald
(Signature)

KANSAS CORPORATION COMMISSION

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

JUL 29 2011
RECEIVED

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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form KSONA-1
July 2010
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**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

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: (517) 676-5887
Email Address: boswald@dartoilandgas.com

Well Location:
NE SE SW Sec. 18 Twp. 33 S. R. 15 East West
County: Montgomery
Lease Name: Sewell Well #: 6

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

Surface Owner Information:

Name: Albert K & Kathleen O Sewell Rev Living Trust
Address 1: 324 E Locust
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.

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: 7-25-11 Signature of Operator or Agent: Beth Oswald Title: Engr Support Supvr

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Name: Dart Cherokee Basin Operating Co LLC
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Address 2: _____
City: Mason State: MI Zip: 48854 + 0177
Contact Person: Beth Oswald
Phone: (517) 244-8716 Fax: (517) 676-5887
Email Address: boswald@dartoilandgas.com

Well Location:
NE SE SW Sec. 18 Twp. 33 S. R. 15 East West
County: Montgomery
Lease Name: Sewell Well #: 6

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

Surface Owner Information:

Name: David Cole
Address 1: 710 N 10th Str
Address 2: _____
City: Independence State: KS Zip: 67301 + _____

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