D151.3

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		API No	. _{15 -} 125-31857-00-00	<u> </u>	
Name: Dart Cherokee Basin Opera	ting Co LLC	If pre 1	967, supply original completion da	ite:	
Address 1: P O Box 177			escription:		
Address 2:	N	15W 5	€ NE.NE Sec. 11 Twp. 32		
City: Mason State: MI	Zip: 48854 + 0177		4,560 Feet from Nor		
Contact Person: Beth Oswald			1,000 Feet from [Eas		ection
Phone: (517) 244-8716		County	es Calculated from Nearest Outsic NE NW SE Montgomery Name: Atherton	sw	Well pu
Check One: Oil Well Gas Well OG	D&A Cathod	c 🔲 Wa	ter Supply Well Other:		
SWD Permit #:	ENHR Permit #:		Gas Storage Permit	#:	
Conductor Casing Size:	Set at:		Cemented with:		Sacks
Surface Casing Size:	Set at:	60'	Cemented with:	50	Sacks
Production Casing Size: 4 1/2'	Set at:	1126'	Cemented with:	160	Sacks
NA Elevation:			oth:(Stane Com	ral Formation)	
Condition of Well: Good Poor Junk in Hole	Casing Leak at:	nterval)			
Proposed Method of Plugging (attach a separate page if additional TIH to 1126'. Set cmt plug fr 1126' - s	•	estore lo	oc.		
Is Well Log attached to this application? Yes Mo If ACO-1 not filed, explain why:	Is ACO-1 filed? 🕢 Yes	No No			
Plugging of this Well will be done in accordance with K.S.		_		Commission	
Company Representative authorized to supervise plugging of Address: P O Box 177			State: MI Zip:	48854 +	
517 244-8716			·		
Plugging Contractor License #: 5491	Nam	e: W&V	V Production		
Address 1: 1150 Hwy 39	Addre	ıss 2:			
City: Chanute			State: KS_ Zip:	69720	
Phone: (.620) 431-4137					
Proposed Date of Plugging (if known): Will notify					<u>-</u>
				RECEIVED	
Payment of the Plugging Fee (K.A.R. 82-3-118) will be gu	// /				11/11/
Date: 1-30-12 Authorized Operator / Agen	With Cloure	Ld	(Signature)	FEB 0.3 2012	

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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.

OPERATOR: License # 33074	Well Location:		
Name: Dart Cherokee Basin Operating Co LLC	WSW SE NE NE Sec. 11 Twp. 32 S. R. 15 [East] West		
Address 1: PO Box 177	County: Montgomery Lease Name: Atherton Well #: 2-1		
Address 2:	Lease Name: Atherton Well #: 2-1		
City: Mason State: M1 Zip: 48854 + 0177	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: Beth Oswald	the lease below:		
Phone: (517) 244-8716 Fax: (517) 676-5887	<i>/</i>		
Email Address: boswald@dartoilandgas.com			
Surface Owner Information:			
Name: Anita Atherton	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 5220 Hwy 75	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		
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: Independence State: KS Zip: 67301 +			
are preliminary non-binding estimates. The locations may be entered of Select one of the following:	n the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this		
[] I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface ov task, I acknowledge that I am being charged a \$30.00 handling	vner(s). To mitigate the additional cost of the KCC performing this		
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-	fee with this form. If the fee is not received with this form, the KSONA-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: 1-30-12 Signature of Operator or Agent: Bett	Burned Title: Engr Support Supvr RECEIVED		
	FEB 0 3 2012		



Mark Sievers, Chairman Ward Loyd, Commissioner

Thomas E. Wright, Commissioner

Sam Brownback, Governor

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

February 06, 2012

Re: ATHERTON #2-1

API 15-125-31857-00-00

11-32S-15E, 4560 FSL 1000 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 August 4, 2012. 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

Steve Bond

Production Department Supervisor

District: #3 1500 W. 7th

Chanute, KS 67220 (620) 432-2300