D15T. 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  Name: Dart Cherokee Basin Operating Co LLC  Address 1: P O Box 177			API No. 15 - 205-26293-00-01  If pre 1967, supply original completion date:  Spot Description:									
							Address 2:		<u>NW_SE_NE</u> sec. <u>23</u> Twp. <u>30</u> S. R. <u>15</u> WestWest			
							City: Mason	0177		North / 🗹 South Line		
Contact Person: Beth Oswald												
Phone: (517) 244-8716		County	Wilson	SE SW								
Check One: Oil Well	Gas Well OG D&A	Cathodic Wai	Ann Country West Country		•							
	Gas Well			er:								
<del></del>				Permit #:								
	Set at:											
	4 1/2" Set at:											
List (ALL) Perforations and Bridge Plug		1200	Cemented with:	130	Sacks							
1117.5' - 1119' CIBP @ 1079'		733' - 735.5'										
Elevation: 828 ( [ G.L. / ]	<u>к.в.)</u> т.р.: 1255' <sub>РВТО</sub> : СІВР (	2) 1079 Anhydrite Dep		ne Corral Formation)								
Condition of Well: Good Poo	or Junk in Hole Casing Leak at:		<u> </u>	,								
Proposed Method of Plugging (attach a	separate page if additional space is needed):	(Interval)										
TIH to 1079'. Set cmt pl	ug fr 1079' - surf. Cut off c	sg. Restore lo	oc.									
Is Well Log attached to this application? If ACO-1 not filed, explain why:	? Yes No Is ACO-1 filed?	Yes No										
Plugging of this Well will be done in	accordance with K.S.A. 55-101 <u>et. seq</u> . ar	nd the Rules and Requ	ulations of the State Corpor	ration Commission								
	supervise plugging operations: Aaron											
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)	will notify											
	82-3-118) will be guaranteed by Operator	r or Agent	· (M	RECEIVE	ED.							
Date: Autho	rized Operator / Agent: AOCTICE		(Signature)	JUN 1 3 2	2012							

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

KCC WICHITA

## 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	Wall Location:	
Name: Dart Cherokee Basin Operating Co LLC	Well Location:  NW SE NE Sec. 23 Twp. 30 S. R. 15 ✓ East West	
Address 1: P O Box 177	AA/II a a m	
Address 2:	County: Well #: B4-23	
City: Mason State: MI Zip: 48854 + 0177	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:	
Contact Person: Beth Oswald		
Phone: ( 517 ) 244-8716 Fax: ( 517 ) 676-5887		
Email Address: boswald@dartoilandgas.com		
Surface Owner Information:		
Name: Douglas & Deidka Arnold	When filing a Form T-1 involving multiple surface owners, attach an additional	
Name: Douglas & Deidka Arnold  Address 1: 108 Pikes Peak Ln	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: Florissant State: CO Zip: 80186 +		
the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:	batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.	
owner(s) of the land upon which the subject well is or will be lo	ct (House Bill 2032), I have provided the following to the surface cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ceing filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.	
KCC will be required to send this information to the surface ow	cknowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.	
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-1	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	· · · · · · · · · · · · · · · · · · ·	
Date: 6-12-12 Signature of Operator or Agent: Buth	Oswald Title: Engr Support Sup	

### 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

KCC WICHITA

# 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.

West   County   Wilson   Wilson   Wilson   Wilson   Wilson   Lease Name   Arnold et al   West   Mes	OPERATOR: Ligano # 33074			
Address 1: PO Box 177  Address 2: Amold et al Well #: 84-23  City: Mason State: MI Zip: 48854 + 0177  Phone: (517 ) 244-8716 Fax: (517 ) 676-5887  Email Address: boswald@dartollandgas.com  Surface Owner Information:  Name: Shirley Mayhood When filing a Form T-1 involving multiple surface owner, attach an addition sheel listing all of the information to the left for each surface owner. Surface owner information to the left for each surface owner. Surface owner information to the left for each surface owner. Surface owner information to the left for each surface owner. Surface owner information to the left for each surface owner. Surface owner information to the left for each surface owner. Surface owner information to the left for each surface owner. Surface owner information to the left for each surface owner. Surface owner information to the left for each surface owner. Surface owner information to the left for each surface owner. Surface owner information to the left for each surface owner. Surface owner information to the left for each surface owner. Surface owner information to the left for each surface owner. Surface owner information to the left for each surface owner. Surface owner information to the left for each surface owner. Surface owner information to the left for each 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 selected on the following:    It 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 will be refurned.    It have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this info	Dart Cherokee Basin Operating Co.L.C	Well Location:  NW SE NE C. 23 T. 30 C. D. 15 M.E. ( D. ).		
Address 2:  City: Mason  State: MI Zip: 48854 + 0177  If filing a Form 7-1 for multiple wells on a lease, enter the legal description of the lease below:  Surface Owner Information:  Name: Shirley Mayhood  Address 1: P O Box 240  Address 2:  City: Neodesha  State: KS Zip: 66757 +  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 in the real estate property tax records of the register of deeds for the county reasurer.  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, for a separate plat may be submitted  Select one of the following:  X 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 1 am filling in connection with this form; 2) if the form being fled is a Form C-1 required to send 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, the KSONAform and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.  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 KSONAform and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.  If the representation of	D.O. Day 177	Wilson		
City: Mason State: MI zip: 48854 + 0177 It filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:    If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:	Address 2:	,		
Contact Person:  Beth Oswald  Address:    Deswald@dartollandgas.com	City: Mason State: MI Zip: 48854 + 0177			
Surface Owner Information:  Name: Shirley Mayhood  Address 1: P O Box 240  Address 2:	Contact Person: Beth Oswald			
Surface Owner Information:  Name: Shirley Mayhood  Address 1: P O Box 240  Address 2:	Phone: ( 517 ) 244-8716 Fax: ( 517 ) 676-5887			
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Name: Shirley Mayhood  Address 1: P O Box 240  Address 2: City: Neodesha State: KS Zip: 66757 +  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 with this form. If the fee is not received with this form, the KSONA-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: 6-12-12  Signature of Operator or Agent Buttle Datable Title Engr Support Sup	Surface Owner Information:			
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Date: 6-12-12 Signature of Operator or Agent: Buth Churald Title: Engr Support	W. L	when with this form that it is a second of the second of		
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JUN 1.3 2012	form and the associated Form C-1, Form CB-1, Form T-1, or Form CP  I hereby certify that the statements made herein are true and correct to	o the best of my knowledge and belief.		



Mark Sievers, Chairman Ward Loyd, Commissioner Thomas E. Wright, Commissioner

#### **Corporation Commission**

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

June 13, 2012

Re: ARNOLD ET AL #B4-23 API 15-205-26293-00-01

23-30S-15E, 3305 FSL 700 FEL WILSON 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 December 10, 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