



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1106453
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 #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 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)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically

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

Air Drilling Specialist
Oil & Gas Wells

THORNTON AIR ROTARY, LLC
Office Phone: 620-879-2073

PO Box 449
Caney, KS 67333

Date Started	11/21/2012
Date Completed	11/27/2012

Operator	A.P.I #	County	State
Colt Energy	15-011-24187-00-00	Bourbon	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
1-12	Houston D & A	12	24	25

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	4	21' 6" 8 5/8	425	6 3/4

Formation Record

0-2	MUD	262-270	SHALE		
2-6	COAL	270-300	SANDY SHALE / WET		
6-12	SHALE	285	WENT TO WATER		
12-15	LIME / DAMP	300-310	SANDY SHALE		
15-21	SHALE	310-319	BLACK SHALE		
15	WENT TO WATER	319-321	COAL		
21-73	SHALE	321-342	BLACK SAND		
73-74	COAL	342-343	COAL		
74-83	SHALE	343-377	SHALE		
83-95	SANDY SHALE	377-382	SAND		
95-96	LIME	382-425	CHAT /CHERT (MISS.)		
96-107	BLACK SHALE	425	TD		
107-108	COAL				
108-120	SANDY SHALE				
120-122	COAL				
122-130	SHALE				
130-131	COAL				
131-145	SHALE				
145-146	COAL				
146-160	SHALE				
160-161	COAL				
161-190	SANDY SHALE				
190-220	SHALE				
220-221	COAL				
221-228	SAND / LITE ODOR				
228-237	SANDY SHALE				
237-251	SHALE				
251-252	COAL				
252-261	SANDY SHALE				
261-262	COAL				



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39041

LOCATION Ottawa KS

FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT 12 24 25 B.B.

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/13/12	1528	Houston #1-12	Lat 37.97798	Lon. 94.61688		
CUSTOMER <u>Colt Energy Inc</u>			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS <u>1112 Rhode Island Rd</u>			506	Fred Mad	Safety	Wick
CITY <u>Iola</u>			495	Har Boc	AB	
STATE <u>KS</u>			558	Bre Mad	GM	
ZIP CODE <u>66749</u>						

JOB TYPE plug HOLE SIZE 6 3/4 HOLE DEPTH 400' CASING SIZE & WEIGHT N/A
 CASING DEPTH N/A DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gals/ck _____ CEMENT LEFT IN CASING Full
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM
 REMARKS: Rig run 2 3/8" tubing to TD fill to surface w/ cement
Rig pull 2 3/8" tubing top of well. Work out tubing
Total 72 SKS 50/50 Poz Mix Cement 670 Gal.

Customer Supplied H2O

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE Plug to Abandon	495	1000.00
5406	5 mi	MILEAGE	495	20.25
5407A	320.4	Ton Miles	558	470934
1124	72 SKS	50/50 Poz Mix Cement		756.40
118B	363.4	Premium Gel		76.23
			7.8%	SALES TAX
				63.11
				ESTIMATED TOTAL
				2407.08

Rev'n 9/27

AUTHORIZATION Ed Wellis

TITLE _____

DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

255361