



KANSAS CORPORATION COMMISSION 1120616
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 #: _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____

API No. 15 - _____
If pre 1967, supply original completion date: _____
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 #: _____

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

Conductor Casing Size: _____ 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:

Elevation: _____ (G.L. / K.B.) T.D.: _____ 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):

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

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: _____

Address: _____ City: _____ State: _____ Zip: _____ + _____

Phone: (_____) _____

Plugging Contractor License #: _____ Name: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Phone: (_____) _____

Proposed Date of Plugging (if known): _____

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

Submitted Electronically

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 # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____ Fax: (_____) _____
Email Address: _____

Well Location:
____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
County: _____
Lease Name: _____ Well #: _____

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

Surface Owner Information:

Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____

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.
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Submitted Electronically

Form	CP1 - Well Plugging Application
Operator	Colt Energy Inc
Well Name	FOUST RW 17
Doc ID	1120616

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
836	846	SQUIRREL	0

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form KSONA-1
July 2010
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Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # 5150
Name: COLT ENERGY, INC
Address 1: P O BOX 388
Address 2: 1112 RHODE ISLAND RD
City: IOLA State: KS Zip: 66749 + 0388
Contact Person: DENNIS KERSHNER
Phone: (620) 365-3111 Fax: (620) 365-3170
Email Address: dennis@aceks.com

Well Location:
SE NE NE Sec. 24 Twp. 25 S. R. 19 East West
County: ALLEN
Lease Name: FOUST Well #: RW17

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

Surface Owner Information:

Name: DONNA R ELLIOTT.
Address 1: 8425 E EDGEMONT
Address 2: _____
City: SCOTTSDALE State: AZ Zip: 85257 + _____

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I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 3/1/2013 Signature of Operator or Agent: _____ Title: PRODUCTION CLERK

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form KSONA-1
July 2010
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Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # 5150
Name: COLT ENERGY, INC
Address 1: P O BOX 388
Address 2: 1112 RHODE ISLAND RD
City: IOLA State: KS Zip: 66749 + 0388
Contact Person: DENNIS KERSHNER
Phone: (620) 365-3111 Fax: (620) 365-3170
Email Address: dennis@aceks.com

Well Location:
SE NE NE Sec. 24 Twp. 25 S. R. 19 East West
County: ALLEN
Lease Name: FOUST Well #: RW17

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

Surface Owner Information:

Name: MARVIN E BOYER MARITAL TRUST CDUANE MCCAMMON&RUTH BOYER(ROBIN BOYER,AIF)TRUSTEES
Address 1: P O BOX 625
Address 2: _____
City: IOLA State: KS Zip: 66749 + 0388

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OIL & GAS CONSERVATION DIVISION

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Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # 5150
Name: COLT ENERGY, INC
Address 1: P O BOX 388
Address 2: 1112 RHODE ISLAND RD
City: IOLA State: KS Zip: 66749 + 0388
Contact Person: DENNIS KERSHNER
Phone: (620) 365-3111 Fax: (620) 365-3170
Email Address: dennis@aceks.com

Well Location:
SE - NE - NE Sec. 24 Twp. 25 S. R. 19 East West
County: ALLEN
Lease Name: FOUST Well #: RW17

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

Surface Owner Information:

Name: PHYLLIS D WALES
Address 1: DIANA WALES AIF
Address 2: 215 LaDONNA LANE
City: ROSEBURG State: OR Zip: 97471 + _____

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Phone: (620) 365-3111 Fax: (620) 365-3170
Email Address: dennis@aceks.com

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SE - NE - NE Sec. 24 Twp. 25 S. R. 19 East West
County: ALLEN
Lease Name: FOUST Well #: RW17

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Surface Owner Information:

Name: ROBERT M AND MARY ANNA HANEY LVG TRUST MARY ANNA HANEY TRSTEE
Address 1: P O BOX 225
Address 2: _____
City: IOLA State: KS Zip: 66749 + 0225

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Name: COLT ENERGY, INC
Address 1: P O BOX 388
Address 2: 1112 RHODE ISLAND RD
City: IOLA State: KS Zip: 66749 + 0388
Contact Person: DENNIS KERSHNER
Phone: (620) 365-3111 Fax: (620) 365-3170
Email Address: dennis@aceks.com

Well Location:
SE NE NE Sec. 24 Twp. 25 S. R. 19 East West
County: ALLEN
Lease Name: FOUST Well #: RW17

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

Surface Owner Information:

Name: DAN O FOUST JR.
Address 1: %KIMBERLYNN FOUST CONSERVATOR
Address 2: 220 McATEE RD
City: IOLA State: KS Zip: 66749 + _____

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I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 3/1/2013 Signature of Operator or Agent: _____ Title: PRODUCTION CLERK

March 01, 2013

SHIRLEY STOTLER
Colt Energy Inc
PO BOX 388
IOLA, KS 66749-0388

Re: Plugging Application
API 15-001-27958-00-00
FOUST RW 17
NE/4 Sec.24-25S-19E
Allen County, Kansas

Dear SHIRLEY STOTLER:

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 28, 2013. 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,
Production Department Supervisor

cc: District 3

(620) 432-2300