



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

KANSAS CORPORATION COMMISSION 1168493
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.

(Print Name) Employee of Operator or Operator on above-described well,

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

Gus Jones Cable Tool Service LLC

Invoice

149 Road 25
Elk City, KS 67344
620-642-6315

DATE	INVOICE NO.
2/16/2010	7292

BILL TO
Colt Energy Box 388 304 N Jefferson Iola, KS 66749

PLUGGED

320000267

TERMS
net 30 days

DESCRIPTION	QTY/HOURS	RATE	AMOUNT
Date: 02/08/10 Lease: Hare Well: C-1			
Use of delivery truck. Loaded used tubing. Delivered to well location for plug job.	2	70.00	140.00T
Date: 02/09/10 Rig 1 - Double Drum Pulling Unit Tripped in tubing. Waited on cementers. Cemented well in stages. Tripped out tubing, washed up. Tubing Tong Trips	7.5	125.00	937.50T
Use of delivery truck. Ran tubing off truck, cemented. Ran pipe onto truck and delivered back to yard.	3.5	70.00	245.00T
Sales tax for work done in Labette County		6.55%	89.90
Thank you for your business.		Total	\$1,462.40

PAID 2/16/10

SCANNED
2/19/10 JAP

COLT ENERGY, INC. — OIL OPERATION

WELL PULLING RECORD

Date 2-9-10

Lease Name Harc Well No. C1

Reason for Pulling plug

PLUGGED

Type of Pump Removed _____

Special Equip. Removed (Anchors, Checks, etc.) _____

T.D., SLM _____ Fluid Level from Surface _____

Well Conditions Seen (Corrosion, Gas, Gyp, Paraffin, Sand, etc.) _____

Chemical Treatment (Kind and Amount) _____

Type of Pump Run In _____

Special Equipment (Anchors, Checks, etc.) Run In _____

Additional Information; including jack or other repairs, tubing clamp loose, and oil cleanup. _____

run in tubing / cement well
top out

Called In By _____ Signed By Mike G

Q12



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 23967
LOCATION EUREKA
FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
2-9-10	1828	Hole C2	27	30S	16E	Wilson	
CUSTOMER Celt Energy			Gus Jones				
MAILING ADDRESS P.O. Box 388							
CITY Ida		STATE KS	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
				520	Cliff		
				479	Chris		

JOB TYPE R.T.A HOLE SIZE 5 7/8" HOLE DEPTH 895' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8" OTHER _____
 SLURRY WEIGHT 14 # SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up to 2 3/8" tubing. Plugging order as follows:
10 sacks @ 991'
10 sacks @ 495'
55 sacks @ 251' to surface
75 sacks total

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	900.00	900.00
5406	40	MILEAGE	3.55	142.00
1131	75 sacks	60/40 Premix cement	11.00	825.00
1118A	260 #	470 gal	.17	44.20
5407	3 #	for mileage bulk tick	m/c	305.00
			Subtotal	2216.20
			SALES TAX	46.07
			ESTIMATED TOTAL	2262.27

Ravin 3737

232968
TITLE Co. Gp

AUTHORIZATION Witnessed by Rex Adcox DATE _____