



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1222092

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

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

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.
- ☐ 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 must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

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 KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I Submitted Electronically

I

Form	CP1 - Well Plugging Application
Operator	Colt Energy Inc
Well Name	LOUK 2A
Doc ID	1222092

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
1258	1276	BARTLESVILLE	0

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
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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: _____
City: IOLA State: KS Zip: 66749 0388
Contact Person: SHIRLEY STOTLER
Phone: (620) 365-3111 Fax: (620) 365-3170
Email Address: sstotler@coltenergyinc.com

Well Location:
NW SE NW Sec. 16 Twp. 24 S. R. 18 ☒ East ☐ West
County: WOODSON
Lease Name: LOUK Well #: 2A

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

Surface Owner Information:

Name: COLT ENERGY, INC
Address 1: P O BOX 388
Address 2: _____
City: IOLA State: KS Zip: 66749 0388

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.

☐ 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, payable to the KCC, which is enclosed with this form.

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 KSONA-1 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: 09/08/2014 Signature of Operator or Agent: _____ Title: PRODUCTION CLERK

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

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T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application).
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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: _____
City: IOLA State: KS Zip: 66749 + 0388
Contact Person: SHIRLEY STOTLER
Phone: (620) 365-3111 Fax: (620) 365-3170
Email Address: sstotler@coltenergyinc.com

Well Location:
NW SE NW Sec. 16 Twp. 24 S. R. 18 ☒ East ☐ West
County: WOODSON
Lease Name: LOUK Well #: 2A

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

Surface Owner Information:

Name: CLYDE K. SCHAFER
Address 1: 1360 BURNHAM LANE
Address 2: _____
City: BATAVIA State: IL Zip: 60510

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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:

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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: 09/08/2014 Signature of Operator or Agent: _____ Title: PRODUCTION CLERK

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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: _____
City: IOLA State: KS Zip: 66749 0388
Contact Person: SHIRLEY STOTLER
Phone: (620) 365-3111 Fax: (620) 365-3170
Email Address: sstotler@coltenergyinc.com

Well Location:
NW SE NW Sec. 16 Twp. 24 S. R. 18 ☒ East ☐ West
County: WOODSON
Lease Name: LOUK Well #: 2A

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

Surface Owner Information:

Name: JOYC A. HART
Address 1: 7609 MEADOW KNOLL CIRCLE
Address 2: _____
City: WICHITA State: KS Zip: 67205

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.

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OPERATOR: License # 5150
Name: COLT ENERGY, INC
Address 1: P O BOX 388
Address 2: _____
City: IOLA State: KS Zip: 66749 + 0388
Contact Person: SHIRLEY STOTLER
Phone: (620) 365-3111 Fax: (620) 365-3170
Email Address: sstotler@coltenenergyinc.com

Well Location:
NW SE NW Sec. 16 Twp. 24 S. R. 18 ☒ East ☐ West
County: WOODSON
Lease Name: LOUK Well #: 2A

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

Surface Owner Information:

Name: MICHAEL G. STEWART
Address 1: 2155 WOOLNER AVE
Address 2: _____
City: FAIRFIELD State: CA Zip: 94533 + 5800

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OPERATOR: License # 5150
Name: COLT ENERGY, INC
Address 1: P O BOX 388
Address 2: _____
City: IOLA State: KS Zip: 66749 + 0388
Contact Person: SHIRLEY STOTLER
Phone: (620) 365-3111 Fax: (620) 365-3170
Email Address: sstotler@coltenenergyinc.com

Well Location:
NW SE NW Sec. 16 Twp. 24 S. R. 18 ☒ East ☐ West
County: WOODSON
Lease Name: LOUK Well #: 2A

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

Surface Owner Information:

Name: JAMES D. STEWART
Address 1: 1923 SW HIGH AVE
Address 2: _____
City: TOPEKA State: KS Zip: 66604 + 3124

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OPERATOR: License # 5150
Name: COLT ENERGY, INC
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Address 2: _____
City: IOLA State: KS Zip: 66749 : 0388
Contact Person: SHIRLEY STOTLER
Phone: (620) 365-3111 Fax: (620) 365-3170
Email Address: sstotler@coltenenergyinc.com

Well Location:
NW SE NW Sec. 16 Twp. 24 S. R. 18 ☒ East ☐ West
County: WOODSON
Lease Name: LOUK Well #: 2A

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

Surface Owner Information:

Name: DELANO SCHAFER
Address 1: 716 SOMERSET PL
Address 2: _____
City: MCPHERSON, State: KS Zip: 67460 : 3509

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OPERATOR: License # 5150
Name: COLT ENERGY, INC
Address 1: P O BOX 388
Address 2: _____
City: IOLA State: KS Zip: 66749 + 0388
Contact Person: SHIRLEY STOTLER
Phone: (620) 365-3111 Fax: (620) 365-3170
Email Address: sstotler@coltenenergyinc.com

Well Location:
____ NW SE NW Sec. 16 Twp. 24 S. R. 18 ☒ East ☐ West
County: WOODSON
Lease Name: LOUK Well #: 2A

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

Surface Owner Information:

Name: SCHAFER FAMILY TRUST
Address 1: 1327 N MYERS STREET
Address 2: _____
City: MCPHERSON, State: KS Zip: 67460 + 2613

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Select one of the following:

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- ☐ 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, payable to the KCC, which is enclosed with this form.

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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: 09/08/2014 Signature of Operator or Agent: _____ Title: PRODUCTION CLERK

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

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

*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 # 5150
Name: COLT ENERGY, INC
Address 1: P O BOX 388
Address 2: _____
City: IOLA State: KS Zip: 66749 0388
Contact Person: SHIRLEY STOTLER
Phone: (620) 365-3111 Fax: (620) 365-3170
Email Address: ssstotler@coltenenergyinc.com

Well Location:
____ NW SE NW Sec. 16 Twp. 24 S. R. 18 ☒ East ☐ West
County: WOODSON
Lease Name: LOUK Well #: 2A

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

Surface Owner Information:

Name: DALE L SWANSON
Address 1: 1925 10TH AVE
Address 2: _____
City: MCPHERSON State: KS Zip: 67460 8034

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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Date: 09/08/2014 Signature of Operator or Agent: _____ Title: PRODUCTION CLERK

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

**CERTIFICATION OF COMPLIANCE WITH THE
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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: _____
City: IOLA State: KS Zip: 66749 + 0388
Contact Person: SHIRLEY STOTLER
Phone: (620) 365-3111 Fax: (620) 365-3170
Email Address: sstotler@coltenenergyinc.com

Well Location:
NW SE NW Sec. 16 Twp. 24 S. R. 18 ☒ East ☐ West
County: WOODSON
Lease Name: LOUK Well #: 2A

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

Surface Owner Information:

Name: GENEVA MAE TURNQUIST
Address 1: 212 W
Address 2: COLUMBUS STREET
City: LINDSBORG State: KS Zip: 67456 + 1510

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:

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Date: 09/08/2014 Signature of Operator or Agent: _____ Title: PRODUCTION CLERK

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
**CERTIFICATION OF COMPLIANCE WITH THE
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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: _____
City: IOLA State: KS Zip: 66749 + 0388
Contact Person: SHIRLEY STOTLER
Phone: (620) 365-3111 Fax: (620) 365-3170
Email Address: sstotler@coltenenergyinc.com

Well Location:
NW SE NW Sec. 16 Twp. 24 S. R. 18 ☒ East ☐ West
County: WOODSON
Lease Name: LOUK Well #: 2A

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

Surface Owner Information:

Name: CHARLES FREDERICK SCHAFER
Address 1: 909 W 1ST STREET APT 8
Address 2: _____
City: PELLA State: IA Zip: 50219 + 1441

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.

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Select one of the following:

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Date: 09/08/2014 Signature of Operator or Agent: _____ Title: PRODUCTION CLERK

KANSAS CORPORATION COMMISSION
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: _____
City: IOLA State: KS Zip: 66749 0388
Contact Person: SHIRLEY STOTLER
Phone: (620) 365-3111 Fax: (620) 365-3170
Email Address: sstotler@coltenergyinc.com

Well Location:
NW SE NW Sec. 16 Twp. 24 S. R. 18 ☒ East ☐ West
County: WOODSON
Lease Name: LOUK Well #: 2A

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

Surface Owner Information:

Name: BLAIR FAMILY REVOCABLE TRST DTD 8/11/97 GERALDINE BLAIR/ CLEVEBLAIR
Address 1: 2425 SW PEPPERWOOD RD
Address 2: _____
City: TOPEKA State: KS Zip: 66614 4231

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.

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Select one of the following:

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Date: 09/08/2014 Signature of Operator or Agent: _____ Title: PRODUCTION CLERK

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
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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: _____
City: IOLA State: KS Zip: 66749 + 0388
Contact Person: SHIRLEY STOTLER
Phone: (620) 365-3111 Fax: (620) 365-3170
Email Address: sstotler@coltenenergyinc.com

Well Location:
NW SE NW Sec. 16 Twp. 24 S. R. 18 ☒ East ☐ West
County: WOODSON
Lease Name: LOUK Well #: 2A

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

Surface Owner Information:

Name: CAROL C MCCLELLAND
Address 1: 2501W 71ST STREET
Address 2: _____
City: SHAWNEE MISSION State: KS Zip: 66208 + 2759

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Date: 09/08/2014 Signature of Operator or Agent: _____ Title: PRODUCTION CLERK

KANSAS CORPORATION COMMISSION
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: _____
City: IOLA State: KS Zip: 66749 + 0388
Contact Person: SHIRLEY STOTLER
Phone: (620) 365-3111 Fax: (620) 365-3170
Email Address: sstotler@coltenergyinc.com

Well Location:
NW SE NW Sec. 16 Twp. 24 S. R. 18 ☒ East ☐ West
County: WOODSON
Lease Name: LOUK Well #: 2A

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

Surface Owner Information:

Name: EDITH COLT CARR TRUST
Address 1: 4220 LAWDALE LN N
Address 2: _____
City: PLYMOUTH State: MN Zip: 55446 + 1370

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.

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Select one of the following:

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KANSAS CORPORATION COMMISSION
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: _____
City: IOLA State: KS Zip: 66749 , 0388
Contact Person: SHIRLEY STOTLER
Phone: (620) 365-3111 Fax: (620) 365-3170
Email Address: sstotler@coltenenergyinc.com

Well Location:
NW SE NW Sec. 16 Twp. 24 S. R. 18 ☒ East ☐ West
County: WOODSON
Lease Name: LOUK Well #: 2A

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

Surface Owner Information:

Name: MACK C COLT TRUST FBO ANN V COLT, MACK V COLT, TRSTEE
Address 1: 4121 W 83 STREET
Address 2: _____
City: PRAIRIE VILLAGE State: KS Zip: 66208 , 5300

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.

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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: _____
City: IOLA State: KS Zip: 66749 0388
Contact Person: SHIRLEY STOTLER
Phone: (620) 365-3111 Fax: (620) 365-3170
Email Address: sstotler@coltenenergyinc.com

Well Location:
____ NW SE NW Sec. 16 Twp. 24 S. R. 18 ☒ East ☐ West
County: WOODSON
Lease Name: LOUK Well #: 2A

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

Surface Owner Information:

Name: MACK C COLT TRUST FBO MACK V COLT, MACK V COLT, TRSTEE
Address 1: 4121 W 83RD STREET
Address 2: _____
City: PRAIRIE VILLAGE State: KS Zip: 66208 5300

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All blanks must be Filled

*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 # 5150
Name: COLT ENERGY, INC
Address 1: P O BOX 388
Address 2: _____
City: IOLA State: KS Zip: 66749 + 0388
Contact Person: SHIRLEY STOTLER
Phone: (620) 365-3111 Fax: (620) 365-3170
Email Address: sstotler@coltenenergyinc.com

Well Location:
NW SE NW Sec. 16 Twp. 24 S. R. 18 ☒ East ☐ West
County: WOODSON
Lease Name: LOUK Well #: 2A

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

Surface Owner Information:

Name: SIDONIE ANNE YORKE
Address 1: 1702 WALNUT HILL LN
Address 2: _____
City: CLAREMORE State: OK Zip: 74019 + 3563

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.

☐ 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, payable to the KCC, which is enclosed with this form.

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 KSONA-1 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: 09/08/2014 Signature of Operator or Agent: _____ Title: PRODUCTION CLERK

September 09, 2014

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

Re: Plugging Application
API 15-207-19032-00-00
LOUK 2A
NW/4 Sec.23-26S-14E
Woodson 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 March 08, 2015. 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