

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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1274457

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

STATE OF KANSAS
STATE CORPORATION COMMISSION

WELL PLUGGING RECORD
K.A.R.-82-3-117

200 Colorado Derby Building
Wichita, Kansas 67202

TYPE OR PRINT

NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days.

LEASE OPERATOR COLT ENERGY, INC.

ADDRESS PO BOX 388 TOLA, KANSAS 66749

PHONE (316) 365-3111 OPERATORS LICENSE NO. 5150

Character of well OIL WELL

(Oil, Gas, D&A, SMD, Input, Water Supply Well)

The plugging proposal was approved on 5-4-2000 (date)
by TOM WELCH (KCC District Agent's Name).

Is ACD-1 filed? NO If not, is well log attached? _____

Producing Formation SQUIRREL Depth to Top 923.5 Bottom 949 T.D. 1225

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

Oil, Gas Or Water Records

CASING RECORD

Formation	Content	From	To	Size	Put In	Pull Out
				7"	18'	
SQUIRREL	OIL	835	840	4 1/2	1186'	

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug was used state the character of same and depth placed, from _____ feet to _____ feet each set. PUMPED 80SXS CEMENT INSIDE 2" TO SURFACE SQUEEZED WELL CLOSED IN @600PSI RAN 1" ON OUTSIDE 2" TO 200' PUMPED 20SXS CEMENT TO SURFACE. WELL PLUGGED

Name of Plugging Contractor COMPANY TOOLS License No. _____

Address SAME AS ABOVE

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: COLT ENERGY, INC.

STATE OF KANSAS COUNTY OF ALLEN, ss.

DENNIS KERSHNER AGENT OF COLT ENERGY, INC. (Employee of Operator) or (Operator) of

aboved-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 as filed that the same are true and correct, so help me God.

(Signature) Dennis Kershner

(Address) PO BOX 388 TOLA, KS 66749

SUBSCRIBED AND SWORN TO before me this 15th day of May, 192000

Notary Public

My Commission Expires: 1-20-2004

Form CP-4

