



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

**KANSAS CORPORATION COMMISSION 1274557**  
**OIL & GAS CONSERVATION DIVISION**  
**WELL PLUGGING RECORD**  
 K.A.R. 82-3-117

Form CP-4  
March 2009

**Type or Print on this Form**  
**Form must be Signed**  
**All blanks must be Filled**

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**

To: STATE CORPORATION COMMISSION  
CONSERVATION DIVISION - PLUGGING SECTION  
200 COLORADO DERBY BUILDING  
WICHITA, KANSAS 67202

API NUMBER 15- NA

NE, SEC. 3, T. 14 S, R. 20 W/E

5195 feet from S section line

140 feet from E section line

TECHNICIAN'S PLUGGING REPORT

Operator License # 5150

Lease Name Hodges 'A' Well # 4

Operator: Colt Energy Inc.

County Douglas

Name &

Well Total Depth 818 feet

Address 304 N. Jefferson

Conductor Pipe: Size \_\_\_\_\_ feet

701A, KS 66749

Surface Casing: Size 6 1/4 feet 4 1/2

Abandoned Oil Well \_\_\_\_\_ Gas Well \_\_\_\_\_ Input Well \_\_\_\_\_ SWD Well \_\_\_\_\_ D&A \_\_\_\_\_

Other well as hereinafter indicated \_\_\_\_\_

Plugging Contractor Colt Energy Inc. License Number 5150

Address 304 N. Jefferson 701A, KS 66749

Company to plug at: Hour: \_\_\_\_\_ Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: 19 \_\_\_\_\_

Plugging proposal received from Butch Norman

(company name) Colt Energy Inc. (phone) 316-365-3111

were: Squeeze AIT # 2 7/8 from TD to Surface

Plugging Proposal Received by Leon Winters  
(TECHNICIAN)

Plugging Operations attended by Agent?: All X Part \_\_\_\_\_ None \_\_\_\_\_

Operations Completed: Hour: \_\_\_\_\_ Day: 23 Month: 5 Year: 19 96

ACTUAL PLUGGING REPORT AIT # 2 7/8. Squeezed 25 SK from TD to Surface. Shut in @ 1000 PSI

Remarks: \_\_\_\_\_

(If additional description is necessary, use BACK of this form.)

I (did / did not) observe this plugging.

Signed Leon Winters  
(TECHNICIAN)

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
200 Colorado Derby Building  
Wichita, Kansas 67202

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

PLUGGED

15-0045-20,536  
APINUMBER N/A  
LEASE NAME HODGES "A"  
WELLNUMBER 4  
4780  
165  
5195 Ft. from S Section Line  
140 Ft. from E Section Line  
SEC. 3 TWP. 14 REG. 20(E)  
COUNTY DOUGLAS  
Date Well Completed APPX 5-8-84  
Plugging Commenced 5-23-96  
Plugging Completed 5-23-96  
SPUD DATE UNKNOWN

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 IOLA, KANSAS 66749  
PHONE (316 ) 365-3111 OPERATORS LICENSE NO. 5150

Character of well OIL  
(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 5-23-96 (date)  
by LEON WINTERS (KCC District Agent's Name).

Is ACO-1 filed? OLD WELL If not, is well log attached? \_\_\_\_\_

Producing Formation SQUIRREL Depth to Top 770 Bottom 774 T.D. 828

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	Pulled Out
				6 1/4	40	NONE
SQUIRREL	OIL	770	774	2 7/8	828	NONE

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. SQUEEZED 2 7/8" FROM 828 TO SURFACE WITH 25SXS CEMENT SHUT IN @1000PSI

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 IOLA, KS 66749

SUBSCRIBED AND SWORN TO before me this 19th day of June, 19 96

Shirley A. Stotler  
Notary Public



My Commission Expires: 1-20-2000

TO:

DOCKET NO. E-24,357

STATE CORPORATION COMMISSION  
CONSERVATION DIVISION - UIC SECTION  
200 COLORADO DERBY BUILDING  
WICHITA, KANSAS 67202

NE/4, Sec 3, T 14 S, R 20 W/E  
4780 feet from ~~N/S~~ section line  
165 feet from ~~NW~~/E section line

COMMENCEMENT

NOTICE OF INJECTION

TERMINATION

Lease legal description E/2 NE/4

Disposal  Enhanced Recovery.

Lease Name Hodges "A" 4

Effective date 12-15-2000

County Douglas

Operator License # 5150

Operator:

Name & Colt Energy, Inc.  
Address P.O. Box 388  
Iola, KS 66749

Contact Person Name Dennis Kershner

Phone 316-365-3111

Zone Used for Injection:

For Notice Of Termination:

~~XXXXXXXXXX~~ plugged  returned to production  temporary non-use   
~~XXXXXXXXXX~~

If returned to production, what will be the producing interval?

If temporary non-use, injection will resume about \_\_\_\_\_ or when the following  
date  
work is completed:

I certify that the above is a true and accurate statement of the facts as known

this 22nd day of December, 2000

Signature Dennis Kershner

Name Dennis Kershner

Title Office Manager

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
200 Colorado Derby Building  
Wichita, Kansas 67202

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

PLUGGED

15-0045-20,556

API NUMBER N/A  
LEASE NAME HODGES "A"  
WELL NUMBER 4  
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140 Ft. from E Section Line  
SEC. 3 TWP. 14 REG. 20(E)  
COUNTY DOUGLAS  
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SPUD DATE UNKNOWN

TYPE OR PRINT  
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4780  
#65

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Name of Plugging Contractor COMPANY TOOLS License No. \_\_\_\_\_

Address SAME AS ABOVE

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

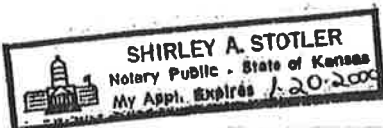
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