



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

KANSAS CORPORATION COMMISSION 1274559
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.
 _____ 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

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

Form CP-4
December 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

Lease Operator: COLT ENERGY, INC
Address: P O BOX 388, IOLA, KS 66749
Phone: (620) 365-3111 Operator License #: 5150
Type of Well: INJECTION Docket #: E-10,334
(Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)
The plugging proposal was approved on: 2/24/09 (Date)
by: CLAYTON TITEL (KCC District Agent's Name)
Is ACO-1 filed? Yes No If not, is well log attached? Yes No
Producing Formation(s): List All (If needed attach another sheet)
SQUIRREL Depth to Top: 842 Bottom: 850 T.D. 883
Depth to Top: _____ Bottom: _____ T.D. _____
Depth to Top: _____ Bottom: _____ T.D. _____

API Number: 15 - N/A
Lease Name: FOUST
Well Number: RW13
Spot Location (QQQQ): _____ - NW - SW - NE
3420 Feet from North / South Section Line
1530 Feet from East / West Section Line
Sec. 24 Twp. 25 S. R. 19 East West
County: ALLEN
Date Well Completed: 12/9/71
Plugging Commenced: 2/24/09
Plugging Completed: 2/24/09

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

Oil, Gas or Water Records		Casing Record (Surface Conductor & Production)				
Formation	Content	From	To	Size	Put In	Pulled Out
SURFACE				6 1/4	6	NONE
SQUIRREL	OIL	842	850	2	883	NONE

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.

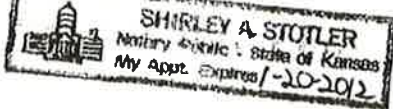
COMPANY UNIT RAN 1" STIRNG TO 850' . CONSOLIDATED ESTABLISHED CIRCULATION PUMPED 20SXS CEMENT TO SURFACE PULLED 1" TOPPED WELL OFF W/5 MORE SXS WELL PLUGGED

Name of Plugging Contractor: CONSOLIDATED OIL WELL SERVICES, LLC License #: _____
Address: P O BOX 884 CHANUTE KS 66720

Name of Party Responsible for Plugging Fees: COLT ENERGY, INC

State of Kansas County, Allen, ss.

Dennis Keshner (Employee of 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.



(Signature) Dennis Keshner
(Address) P O Box 388 Iola, KS. 66749

SUBSCRIBED and SWORN TO before me this 27th day of March 20 09
Shirley A Stotler My Commission Expires: 1-20-2012
Notary Public

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
NOTICE OF INJECTION
COMMENCEMENT OR TERMINATION**

Form U-5
July 2003
**Form must be Typed
Form must be Signed
All blanks must be Filled
Form must be completed
on a per well basis**

Notice of Injection: (check one) Commencement
 Termination
 Entire Permit Yes No

Disposal Enhanced Recovery

Effective Date: 3/27/09

Operator License #: 5150

Operator: COLT ENERGY, INC
(As listed on Operator License)

Name: _____

Address: P O BOX 388
IOLA, KS 66749

Contact Persons Name: DENNIS KERSHNER

Phone Number: (620) 365-3111

Permit Number: E-10,334

Entire Permit: Yes No

NE/4 Sec. 24 Twp. 25 S. R. 19 East West

3420 Feet from North / South Section Line

1530 Feet from East / West Section Line

Lease Description: NE/4
PLUGGED

Please list all leases and wells affected by this document:

Lease Name: FOUST

Well Number(s): RW13

County: ALLEN

Zone Used for Injection: SQUIRREL

For Notice of Termination:

- Well will be plugged *(File a CP-1 form)*
 Well is plugged *(File a CP-4 form)*
 Returned to production *(File an ACO-1 form)*
 Temporary abandoned *(File a CP-111 form with District Office)*

A COPY of the CP-1, CP-4, ACO-1 or CP-111 form is attached.
(Please mark one)

If well is Temporary Abandoned, file TA form CP-111 with District Office, injection will resume on or about _____ *(date)*
or when the following work is completed:

I certify that the above is a true and accurate statement of the facts as known this 27th day of March, 2009.

Signature: Shirley Stotler
 Name: SHIRLEY STOTLER
 Title: PRODUCTION CLERK

KCC Office Use: KCC District # _____

Submit the following:

a CP2/3 a field report

other: _____