



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

KANSAS CORPORATION COMMISSION 1274560
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: 841 Bottom: 848 T.D. 869
Depth to Top: _____ Bottom: _____ T.D. _____
Depth to Top: _____ Bottom: _____ T.D. _____

API Number: 15 - N/A
Lease Name: FOUST
Well Number: R29
Spot Location (QQQQ): _____ - NE
5060 Feet from North / South Section Line
2420 Feet from East / West Section Line
Sec. 24 Twp. 25 S. R. 19 East West
County: ALLEN
Date Well Completed: 12/15/1975
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	20	NONE
SQUIRREL	OIL	841	848	2	871	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 #: _____

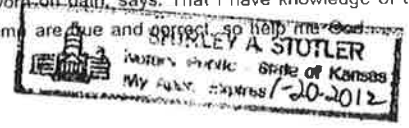
Address: P O BOX 884 CHANUTE KS 66720

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

State of Kansas County, Allen, ss.

Dennis Kershner (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.

(Signature) Dennis Kershner
(Address) PO Box 388 Iola, KS 66749



SUBSCRIBED and SWORN TO before me this 27th day of March, 2009

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

5060 Feet from North / South Section Line

2420 Feet from East / West Section Line

Lease Description: NE/4

Please list all leases and wells affected by this document:

Lease Name: FOUST

Well Number(s): R29

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: _____

Our Copy

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 5928

Name: Marvin E. Boyer Oil Co.

Address P.O. Box 625
Iola, KS 66749

City/State/Zip Iola, KS 66749

Purchaser: Crude Marketing, Inc.

Operator Contact Person: Don Boyer

Phone (316) 365-2400

Contractor: Name: Company Tools

License: _____

Wellsite Geologist: _____

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD Temp. Abd.

Gas Inj Delayed Comp.

Dry Other (Core, Water Supply, etc.)

If OWM: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ and Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

12-10-75 12-12-75 12-15-75

Spud Date Date Reached TD Completion Date

API NO. 15- N/A

County Allen

NE Sec. 24 Twp. 25 Rge. 19 East West

5060 Ft. North from Southeast Corner of Section

2420 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

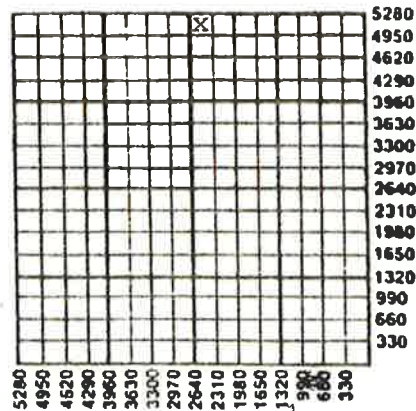
Lease Name Foust Well # R29

Field Name Moran

Producing Formation Bartlesville

Elevation: Ground N/A KB _____

Total Depth 871 PBDT _____



Amount of Surface Pipe Set and Cemented at 20' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 871

feet depth to top w/ 104 sx cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form. See rule 82-3-107 for confidentiality in excess of 12 months. One copy of all wireline logs and drillers time log shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature _____

Title Owner Date 5-21-91

Subscribed and sworn to before me this 21 day of May, 19 91.

Notary Public _____

Date Commission Expires May 20, 1994

K.C.C. OFFICE USE ONLY

F _____ Letter of Confidentiality Attached
 C _____ Wireline Log Received
 C _____ Drillers Timelog Received

Distribution

_____ KCC _____ SUD/Rep _____ NGPA
 _____ KGS _____ Plug _____ Other (Specify)