

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  
**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: 844 Bottom: 854 T.D. 863  
Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_

API Number: 15 - N/A  
Lease Name: FOUST  
Well Number: R5  
Spot Location (QQQQ): \_\_\_\_\_ - NW - NW - SE  
2420 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: 7/17/1965  
Plugging Commenced: 2/25/09  
Plugging Completed: 2/25/09

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	6.3'	NONE
SQUIRREL	OIL	844	854	2	870	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.

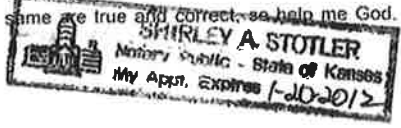
COMPANY UNIT RAN 1" STIRNG TO 850' . CONSOLIDATED ESTABLISHED CIRCULATION PUMPED 20SXS CEMENT TO SURFACE PULLED 1" TOPPED WELL OFF W/5 MORE SXS WELL PLUGGED

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) ~~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



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

SUBSCRIBED and SWORN TO before me this 27<sup>th</sup> day of March, 2009  
Shirley A Stotler My Commission Expires: 1-20-2012  
Notary Public

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

**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

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

2420 Feet from  North /  South Section Line

2420 Feet from  East /  West Section Line

Lease Description: SE/4

*Please list all leases and wells affected by this document:*

Lease Name: FOUST

Well Number(s): R5

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 27<sup>th</sup> day of March, 2009

Signature: Shirley Stotler

Name: SHIRLEY STOTLER

Title: PRODUCTION CLERK

<b>KCC Office Use:</b> KCC District # _____	
<b>Submit the following:</b>	
<input type="checkbox"/> a CP2/3	<input type="checkbox"/> a field report
<input type="checkbox"/> other: _____	