



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

KANSAS CORPORATION COMMISSION 1325331
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

TYPE

AFFIDAVIT OF COMPLETION FORM

ACO-1 WELL HISTORY

SIDE ONE

Two (2) copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within thirty (30) days after the completion of a well, regardless of how the well was completed.

F Attach separate letter of request if the information is to be held confidential. If confidential, only file one copy. Information on Side One will be of public record and Side Two will then be held confidential.

Applications must be made on dual completion, commingling, salt water disposal, injection and temporarily abandoned wells.

C Attach one copy only wireline logs (i.e. electrical log, sonic log, gamma ray neutron log, etc.). (Rules 82-2-105 & 82-2-125) KCC# (316) 263-3238.

LICENSE # 5150 EXPIRATION DATE 6-30-83
 OPERATOR Mack C. Colt, Inc. APT NO. 15-207-23,678
 ADDRESS P.O. Box 388 COUNTY Woodson
Iola, KS 66749 FIELD Big Sandy
 ** CONTACT PERSON Lloyd E. Vincent PROD. FORMATION Bartlesville SS
PHONE 316-365-3111
 PURCHASER Koch Oil Company LEASE Lauber 24A0
 ADDRESS P. O. Box 2239 WELL NO. 24A0
Wichita, KS 67201 WELL LOCATION _____
 DRILLING Company tools 910 Ft. from North Line and
 CONTRACTOR _____ 900 Ft. from West Line of
 ADDRESS _____ the NE (Qtr.) SEC 23 TWP 26 RCE14E

PLUGGING _____
 CONTRACTOR _____
 ADDRESS _____

TOTAL DEPTH 1300' PBTD 1295'
 SPUD DATE 10-25-82 DATE COMPLETED 1-10-83
 ELEV: GR 919.8' DF _____ KB _____

DRILLED WITH (CABLE) (ROTARY) (AIR) TOOLS.
 DOCKET NO. OF DISPOSAL OR REPRESSURING WELL BEING
 USED TO DISPOSE OF WATER FROM THIS LEASE C-6103

Amount of surface pipe set and cemented 50' DV Tool Used? --

THIS AFFIDAVIT APPLIES TO: (Circle ONE) - (Oil) Gas, Shut-in Gas, Dry, Disposal, Injection, Temporarily Abandoned, OWWO, Other _____.

ALL REQUIREMENTS OF THE STATUTES, RULES AND REGULATIONS PROMULGATED TO REGULATE THE OIL AND GAS INDUSTRY HAVE BEEN FULLY COMPLIED WITH.

WELL PLAT (Office Use Only)

	23		

KCC _____
 KGS _____
 SWD/REP _____
 PLG. _____

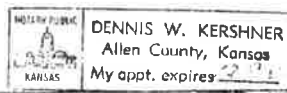
A F F I D A V I T

Lloyd E. Vincent, being of lawful age, hereby certifies that:

I am the Affiant, and I am familiar with the contents of the foregoing Affidavit. The statements and allegations contained therein are true and correct.

Lloyd E. Vincent
 (Name)

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____, 19 83



MY COMMISSION EXPIRES:

Dennis W. Kershner
 (NOTARY PUBLIC)

** The person who can be reached by phone regarding any questions concerning this information.

FILL IN WELL INFORMATION AS REQUIRED:

Show all important zones of porosity and contents thereof; core intervals, and oil drill-stem tests, including depth interval tested, cushion used, lime tool open, flowing and shut-in pressures, and recoveries.

SHOW GEOLOGICAL MARKERS, LOGS RUN, OR OTHER DESCRIPTIVE INFORMATION.

FORMATION DESCRIPTION, CONTENTS, ETC.	TOP	BOTTOM	NAME	DEPTH
Soil	0	1		
Sandstone	1	13		
Gravel	13	19		
Shale	19	162		
Lime	162	217		
Shale	217	223		
Lime	223	277		
Shale	277	282		
Lime	282	350		
Shale	350	364		
Lime	364	432		
Shale	432	508		
Lime	508	590		
Shale	590	595		
Lime	595	627		
Shale	627	631		
Lime	631	673		
Shale	673	780		
Lime	780	783		
Shale	783	797		
Lime	797	799		
Shale	799	814		
Lime	814	817		
Shale	817	819		
Lime	819	838		
Sandy shale	838	873		
Shale	873	920		
Lime	920	946		
Shale	946	970		
Lime	970	984		
Shale	984	996		
Lime	996	998	Fort Scott Lime	
Siltstone	998	1018		
Oil sand	1018	1036	continued	
Shale and dead oil sd	1036	1040	Oil sand 1206	1270
Shale	1040	1080	dead oil 1270	1284
Lime	1080	1082	Shale 1284	1300
Shale	1082	1200		
Siltstone	1200	1201	T.D.	1300'
Shaley sd	1201	1206		

Report of all strings set -- surface, intermediate, production, etc. CASING RECORD Now or (Used)

Purpose of string	Size hole drilled	Size casing set (in O.D.)	Weight lbs/ft.	Setting depth	Type cement	Sacks	Type and percent additives
Surface pipe	12"	8 5/8"	28#	50'	Neat	30	
Casing	6 3/4"	4 1/2"	10.5#	1295'	50-50 pozmix	210	

LINER RECORD

PERFORATION RECORD

Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval
			2	22.7 gr. - alum	1207 - 1261

Size	Setting depth	Packer set at
2 3/8"	1206'	none

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

Amount and kind of material used	Depth interval treated
8000# 20-40 sand 500# 100 mesh sand	1207 - 1261

Date of first production 1-13-83	Producing method (flowing, pumping, gas lift, etc.) pumping	Gravity 22
Estimated Production - I.P. 15 bbl.	Water % 25	Gas-oil ratio 5 bbl.
Disposition of gas vented, used on lease or sold used on lease		Perforations 1207 - 1261

1/10

W & W Production Company

1150 Highway 39
Chanute, Kansas 66720-5215
Mobile: 620-431-5970
Phone: Office/Home 620-431-4137

Invoice

DATE	INVOICE NO.
12/26/2016	48119

BILL TO
Colt Energy C/O Rex Ashlock PO Box 388 1112 Rhode Island Rd. Iola, Kansas 66749

Lauber 24 A0 Woodson County, Kanas

SERVICED	ITEM	DESCRIPTION	QTY	RATE	AMOUNT
12/22/2016	Pump Truck Cement	Pump Charge For plugging Run pipe to T.D. pump 3 bags gel & 26 sacks Portland Cement . Pull up to 900' & pump 7 sacks Portland Cement. Pull up to 500' & pump 7 sacks Portland Cement. Pull up to 250' & pump 26 sacks Portland Cement to surface. Pull out pipe.	1 66	500.00 10.00	500.00T 660.00T
				Sales Tax (7.5%)	\$87.00
				Total	\$1,247.00

APPROVED JA 12/29/2016

103000
W16034267

Fax #	Fed. I.D. 48-0843238
620-431-3183	carolwimsett4@yahoo.com

DEC 29