CORRECTION #1

KOLAR Document ID: 1385280

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CP-1
March 2010
This Form must be Typed
Form must be Signed
All blanks must be Filled

WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.

OPERATOR: License #:		_ API No. 15	5				
Name: Address 1: Address 2:			If pre 1967, supply original completion date:				
			Spot Description:				
			Sec	_ Twp S. R.	East We		
City: State:	_	Feet from North / South Line of Section					
Contact Person:			Feet from East / West Line of Section				
Phone: ()		Footages	Calculated from No	earest Outside Sector			
Thore. ()		Country			vv		
					I #:		
Check One: Oil Well Gas Well OG	D&A Catho	odic Water	Supply Well	Other:			
SWD Permit #:	ENHR Permit #:		Gas Stora	age Permit #:			
Conductor Casing Size:	Set at:		Demented with:		Sack		
Surface Casing Size:	Set at:		Demented with:		Sack		
Production Casing Size:	Set at:	(Cemented with:		Sack		
List (ALL) Perforations and Bridge Plug Sets:							
Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if addition	Casing Leak at:onal space is needed):	(Interval)	-	(Stone Corral Forma	ation)		
Is Well Log attached to this application?	Is ACO-1 filed? Ye	s No					
If ACO-1 not filed, explain why:							
Plugging of this Well will be done in accordance with K.S	S.A. 55-101 <u>et. seq</u> . and the R	ules and Regula	tions of the State	Corporation Com	mission		
Company Representative authorized to supervise plugging o	perations:						
Address:	Cit	y:	State:	Zip:	++		
Phone: ()							
Plugging Contractor License #:	Na	nme:					
Address 1:	Add	dress 2:					
City:			State:	Zip:	++		
Phone: ()				•			
Proposed Date of Plugging (if known):							

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Submitted Electronically

CORRECTION #1

KOLAR Document ID: 1385280

Kansas Corporation Commission Oil & Gas Conservation Division Form KSONA-1
January 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application).

Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Ca	athodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)				
OPERATOR: License #	Well Location:				
Name:	SecTwpS. R				
Address 1:	County:				
Address 2:	Lease Name: Well #:				
City: State: Zip:+	If filing a Form T-1 for multiple wells on a lease, enter the legal description of				
Contact Person:	the lease below:				
Phone: () Fax: ()					
Email Address:					
Surface Owner Information:					
Name:	When filing a Form T-1 involving multiple surface owners, attach an additional				
Address 1:	sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the				
Address 2:	county, and in the real estate property tax records of the county treasurer.				
City:					
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathod the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:	batteries, pipelines, and electrical lines. The locations shown on the plat				
owner(s) of the land upon which the subject well is or will be loc	ct (House Bill 2032), I have provided the following to the surface cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this id email address.				
KCC will be required to send this information to the surface owr	knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and CC, which is enclosed with this form.				
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1					
Submitted Electronically					

Form	CP1 - Well Plugging Application	
Operator	Colt Energy Inc	
Well Name	CLINE RB-35	
Doc ID	1385280	

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
742		"LOWER" CATTLEMAN SS	

Summary of Changes

Lease Name and Number: CLINE RB-35

API/Permit #: 15-001-20882-00-00

Doc ID: 1385280

Name

Correction Number: 1

Field Name Previous Value New Value

Approved Date 02/01/2018 02/02/2018

Surface Owner Address 47 W. POLK ST. APT 2250 FELLOWS DR

Line 1 #552

Surface Owner City CHICAGO MONTROSE

Surface Owner Name MARILYN & DANIEL B. M. GWINN TRST,

HODGES, AIF C/O KENNETH GWINN

Surface Owner State IL CO

Surface Owner Zip 60605 81401