

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 #: _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____

API No. 15 - _____
If pre 1967, supply original completion date: _____
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 #: _____

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: _____ (G.L. / K.B.) T.D.: _____ PBTD: _____ Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: _____
Address: _____ City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____
Plugging Contractor License #: _____ Name: _____
Address 1: _____ Address 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

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 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____ Fax: (_____) _____
Email Address: _____

Well Location:
____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
County: _____
Lease Name: _____ Well #: _____

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____

When filing a Form T-1 involving multiple surface owners, attach an additional 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 county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I Submitted Electronically

I

Form	CP1 - Well Plugging Application
Operator	Colt Energy Inc
Well Name	PAPE/MULLER 11-33
Doc ID	1400652

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
616	890	"CHEROKEE" COALS	

CONSOLIDATED OIL WELL SERVICES, LLC
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

Surf. cs9

TICKET NUMBER **12338**
 LOCATION EUREKA
 FOREMAN Rock Leonard

15-125-31373

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-2-07	1828	Banning/Miller 3-33				OSG
CUSTOMER <u>Carl Energy, Inc.</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 388</u>			<u>463</u>	<u>Kyle</u>		
CITY <u>JOLA</u>			<u>479</u>	<u>Jeff</u>		
STATE <u>KS</u>		ZIP CODE				

JOB TYPE surface HOLE SIZE 10 7/8" HOLE DEPTH 252' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 250' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8" SLURRY VOL _____ WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 14 1/2 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting - Rig up to 8 5/8" casing. Break circulation w/ 10 bbl fresh water. Pump 7 bbl dye water. Mixed 110 sacks class "A" cement w/ 2% caecel, 2% gel + 74# floccul @ 14.8" slurry. Displace w/ 14 1/2 bbl fresh water. shut casing in w/ good cement returns to surface. Job complet. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	6.00	6.00
5406	40	MILEAGE	3.45	138.00
11045	110 sacks	class "A" cement	12.00	1320.00
1102	200#	2% caecel	.67	134.00
1102A	200#	2% gel	.15	30.00
1107	27#	74# floccul @/sk	1.90	51.30
5407	5.17	ten-mile bulk truck	m/c	2.85.00
			<u>5.22</u>	<u>22.54</u>
			SALES TAX	22.54
			ESTIMATED TOTAL	<u>276.84</u>

AUTHORIZATION witnessed by Gory TITLE Co. Rep. DATE _____

015320

2706.84

CONSOLIDATED OIL WELL SERVICES, LLC
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

Prod. Csg

TICKET NUMBER **12455**
 LOCATION Europa
 FOREMAN Rick Leonard

15-125-31373

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-7-07	1828	Banning/Muller 3-33				226
CUSTOMER Colt Energy Inc.			mud Rig			
MAILING ADDRESS R.O. Box 388						
CITY Iola	STATE KS	ZIP CODE				
TRUCK # DRIVER TRUCK # DRIVER						
			463	Kyle		
			502	Shannon		

JOB TYPE Long string HOLE SIZE 6 7/8" HOLE DEPTH 995' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 934' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.4 # SLURRY VOL 31 bbl WATER gal/sk 8" CEMENT LEFT in CASING 0'
 DISPLACEMENT 14.9 bbl DISPLACEMENT PSI 400 ~~800~~ PSI, 800 RATE _____

REMARKS: Safety meeting. Rig up to 4 1/2" casing. Break circulation w/ 20 bbl fresh water. Pump 20 bbl metasilicate pre-flush 7 bbl dye water. mixed 100 sacks thickset cement w/ 2" Kal-seal 8" #2 @ 13.4 #/gal. washout pump & lines shut down, release plug. Displace w/ 14.9 bbl fresh water. Final pump pressure 400 PSI. Pump plug to 800 PSI. wait 2 minutes, release pressure. Floet hold. Good cement returns to surface = 6 bbl slurry to pit. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	840.00	840.00
5406	40	MILEAGE	3.25	130.00
1106A	100 SCS	thickset cement	15.00	1500.00
1110A	800 #	Kal-seal 8" #2	.38	304.00
1102	80 #	cacl2	.67	53.60
1111A	100 #	metasilicate pre-flush	1.65	165.00
5407A	5.5	ten-mileage bulk truck	1.10	297.00
4404	1	4 1/2" top rubber plug	40.00	40.00
			Subtotal	3329.60
			5.38 SALES TAX	178.94
			ESTIMATED TOTAL	3508.54

215892

AUTHORIZATION Witnessed by Glenn

TITLE G. G.

DATE _____

3428.04

DRILLERS LOG

API NO. 15-125-31374-0000

S. 33 T. 33 R. 17E

OPERATOR: COLT ENERGY, INC.

LOCATION: NW SW NE SW

ADDRESS: P.O. BOX 388 IOLA, KS 66749

COUNTY: MONTGOMERY

WELL #: 11-33

LEASE NAME: PAPE/MULLER

FOOTAGE LOCATION: 1775 FEET FROM NORTH LINE & 1345 FEET FROM WEST LINE

CONTRACTOR: FINNEY DRILLING COMPANY

GEOLOGIST: JIM S.

SPUD DATE: 8-13-07

TOTAL DEPTH: 960

DATE COMPLETED: 8-15-07

PURCHASER: SOUTHERN STAR

CASING RECORD

PURPOSE OF STRING	SIZE OF HOLE	SIZE OF CASING	WEIGHT LBS/FT	SETTING DEPTH	TYPE CEMENT	SACKS	TYPE AND % ADDITIVES
SURFACE:	12 1/4	8 5/8	22	250.0	50-50	125	Service Company
PRODUCTION:	6 3/4	4.5	10.5	951.00	50-50	121	Service Company

WELL LOG

CORES: NONE
LOGS: OPEN HOLE

RAN: 4 CENTRALIZERS
1 CLAMP
1 FLOATSHOE

FORMATION	TOP	BOTTOM
TOP SOIL	0	2
CLAY	2	14
HARD SHALE	14	23
LIME	23	24
SHALE	24	33
LIME	33	34
SHALE	34	36
LIME	36	37
SHALE	37	38
LIME	38	40
SHALE	40	69
LIME	69	100
SHALE	100	118
LIME	118	129
SHALE	129	131
LIME	131	144
SHALE	144	145
LIME	145	147
SAND & SHALE	147	151
LIME	151	154
SAND & SHALE	154	175
SAND	175	187
SHALE	187	265
LIME	265	268
SHALE	268	275
LIME	275	294

FORMATION	TOP	BOTTOM
SHALE	294	298
BLACK SHALE	298	302
SAND	302	314
SHALE	314	326
SAND & SHALE	326	362
LIME	362	364
SHALE	364	368
LIME	368	404
SHALE	404	408
LIME	408	439
SHALE	439	443
LIME	443	456
SHALE	456	467
LIME	467	469
SHALE	469	495
LIME	495	496
SHALE	496	503
LIME	503	508
SHALE	508	545
LIME	545	547
SAND & SHALE	547	620
LIME	620	621
SHALE	621	889
COAL	889	892
COAL & SHALE	892	905
MISSISSIPPI LIME	905	960 T.D.

March 08, 2018

REX R. ASHLOCK
Colt Energy Inc
PO BOX 388
IOLA, KS 66749-0388

Re: Plugging Application
API 15-125-31374-00-00
PAPE/MULLER 11-33
SW/4 Sec.33-33S-17E
Montgomery County, Kansas

Dear REX R. ASHLOCK:

The Conservation Division has received your Well Plugging Application (CP-1).

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 3 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 3's phone number is (620) 902-6450. Failure to notify DISTRICT 3, or failure to file a Well Plugging Record (CP-4) after the well is plugged will result in a penalty recommendation.

Under K.A.R. 82-3-600, you must file an Application for Surface Pit (CDP-1) if you wish to use a workover pit while plugging the well. Failure to timely file a CDP-1, failure to timely remove fluids, or failure to timely file Closure of Surface Pit (CDP-4) or Waste Transfer (CDP-5) forms will result in a penalty recommendation.

This receipt does NOT constitute authorization to plug this well if you do not otherwise have the legal right to do so.

This receipt is VOID after September 08, 2018. If the well is not plugged by then, you will have to submit a new CP-1 if you wish to plug the well.

The September 08, 2018 deadline does NOT override any compliance deadline given to you by Legal, District, or other Commission Staff. Failure to comply with any given deadline will still result in the Commission assessing penalties, or taking other legal action.

Sincerely,
Production Department Supervisor

cc: DISTRICT 3