

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	SALISBURY 1
Doc ID	1401667

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
726	736	"SQUIRREL" SS	

Bainter Oil Co.
Salisbury Lease
Well #1



Finch's Drilling, Inc. Drill Log

R.R. #2 - OTTAWA, KANSAS 66067
878-3332 - 878-3765 - 878-3596

Thickness	Formation	Total Depth	Remarks	Thickness	Formation	Total Depth	Remarks
4	Top Soil	4					
16	Clay	20					
67	Shale	87					
8	Lime	95					
1	Shale	96					
19	Lime	115					
5	Shale	120					
10	Lime	130					
4	Shale	134					
18	Lime	152					
29	Shale	181					
24	Lime	205					
77	Shale	292	Lane				
24	Lime	306	Iola				
16	Shale	322					
6	Lime	328					
29	Shale	357					
13	Lime	370					
3	Shale	373					
3	Lime	376					
13	Shale	389					
27	Lime	416	30 Ft.				
4	Shale	420					
24	Lime	444	20 Ft.				
5	Shale	449					
13	Lime	462	Hertha				
9	Shale	471	Limey				
144	Shale	615					
4	Lime	619					
4	Shale	623					
9	Lime	632	Shaley				
2	Shale	634					
11	Lime	645	Pawnee				
5	Shale	650					
7	Lime	657					
8	Shale	665					
5	Lime	670					
15	Shale	685					
3	Lime	688	Black Water Lime				
8	Shale	696					
6	Lime	702					
11	Shale	713					
5	Lime	718	Brown, Bleeds Oil				
2	Shale	720	White				
2	Sand	722	"				
1	Sand	723	Bleeds Oil Shaley				
18	Sand	741	Oil				
2	Shale	743					
8	Shale	791	T.D.				

AUG 30 1905
State Geological Survey
WICHITA BRANCH

RECEIVED
STATE GEOLOGICAL SURVEY
WICHITA
AUG 30 1905

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION OR RECOMPLETION FORM
ACO-1 WELL HISTORY

DESCRIPTION OF WELL AND LEASE

Operator: license # 9873
name Painter Oil Co. Inc.
address Rt. 2 Box 141-B
City State Zip Wellsville, KS 66092

Operator Contact Person Jerry L. Hardsaw
Phone (913) 242-7310

Contractor: license # 5666
name Finch's Drilling

Wellsite Geologist none

Phone UPG Falco
PURCHASER

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD Temp Abd Gas Inj Delayed Comp. Dry Other (Core, Water Supply etc.)

If OWWO: old well info as follows:
Operator
Well Name
Comp. Date Old Total Depth

WELL HISTORY

Drilling Method: Mud Rotary Air Rotary Cable
7/29/85 7/29/85 8/3/85

Spud Date Date Reached TD Completion Date
791'

Total Depth PBTD
Wireline Log Rec'd
Amount of Surface Pipe Set and Cemented at 40 feet

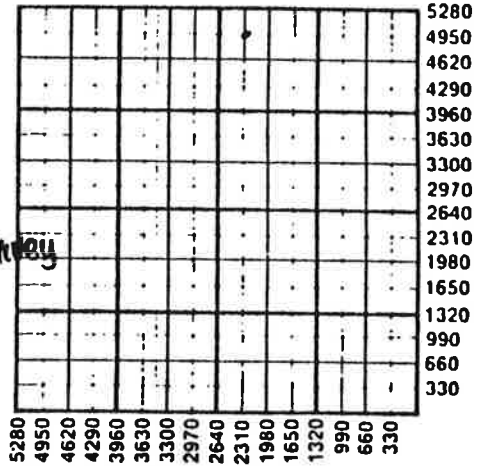
Multiple Stage Cementing Collar Used? Yes No
If Yes, Show Depth Set feet

If alternate 2 completion, cement circulated
from feet depth to w/ SX cmt

API NO. 15-059023,926
County Franklin
NW NW NE
(location) Sec 33 Twp 15 Rge 20
5115 Ft North from Southeast Corner of Section
2475 Ft West from Southeast Corner of Section
(Note: locate well in section plat below)

Lease Name Darrell Salsbury Well# 1
Field Name
Producing Formation Squirrel Sand
Elevation: Ground KB

Section Plat



AUG 20 1985
State Geological Survey
WICHITA BRANCH

WATER SUPPLY INFORMATION

Source of Water:
Division of Water Resources Permit #

Groundwater Ft North From Southeast Corner and
(Well) Ft West From Southeast Corner of
Sec Twp Rge East West

Surface Water Ft North From Southeast Corner and
(Stream, Pond etc.) Ft West From Southeast Corner
Sec Twp Rge East West

Other (explain)
(purchased from city, R.W.D.#)

Disposition of Produced Water: Disposal Repressuring

Docket #

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rules 82-3-130 and 82-3-107 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. Submit CP-4 form with all plugged wells. Submit CP-111 form with



Finch's Drilling, Inc. Drill Log

R.R. #2 - OTTAWA, KANSAS 66067
878-3332 - 878-3765 - 878-3596

Thickness	Formation	Total Depth	Remarks	Thickness	Formation	Total Depth	Remarks
4	Top Soil	4					
16	Clay	20					
67	Shale	87					
8	Lime	95					
1	Shale	96					
19	Lime	115					
5	Shale	120					
10	Lime	130					
4	Shale	134					
18	Lime	152					
29	Shale	181					
24	Lime	205					
77	Shale	292	Lane				
24	Lime	306	Iola				
16	Shale	322					
6	Lime	328					
29	Shale	357					
13	Lime	370					
3	Shale	373					
3	Lime	376					
13	Shale	389					
27	Lime	416	30 Ft.				
4	Shale	420					
24	Lime	444	20 Ft.				
5	Shale	449					
13	Lime	462	Hertha				
9	Shale	471	Limey				
144	Shale	615					
4	Lime	619					
4	Shale	623					
9	Lime	632	Shaley				
2	Shale	634					
11	Lime	645	Pawnee				
5	Shale	650					
7	Lime	657					
8	Shale	665					
5	Lime	670					
15	Shale	685					
3	Lime	688	Black Water Lime				
8	Shale	696					
6	Lime	702					
11	Shale	713					
5	Lime	718	Brown, Bleeds Oil				
2	Shale	720	White				
2	Sand	722	"				
1	Sand	723	Bleeds Oil Shaley				
18	Sand	741	Oil				
2	Shale	743					
18	Shale	791	T.D.				

AUG 30 1905
State Geological Survey
WICHITA BRANCH

RECEIVED
STATE GEOLOGICAL SURVEY OF KANSAS
AUG 30 1905
WICHITA

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE
Form ACO-1 September 1999 Form Must Be Typed**

Operator: License # 5150
 Name: COLT ENERGY, INC.
 Address: P. O. BOX 388
 City/State/Zip: IOLA, KS 66749
 Purchaser: COFFEYVILLE RESOURCES CRUDE TRANS,LLC
 Operator Contact Person : DENNIS KERSHNER
 Phone: (620) 365-3111
 Contractor: Name: _____
 License: _____
 Wellsite Geologist: _____
 Designate Type Of Completion:
 New Well ReEntry Workover
 Oil SWD SLOW Temp Abd
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: PAINTER OIL COMPANY
 Well Name: SALSBURY 1
 Original Comp. Date: 6-19-85 Original Total Depth: 791
 Deepening Re-perf. Conv: to ENHR
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (Entr.) Docket No. E-24,111

<u>7-29-85</u>	<u>7-29-85</u>	<u>8-3-85</u>
Spud Date or Completion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15-059-23,926
 County: FRANKLIN
- NW - NW- NE Sec. 33 Twp. 15 S. R. 20 X E W
5115 feet from S Line of Section
2475 feet from E Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 Circle one SE
 Lease Name: SALSBURY Well #: 1
 Field Name: NORWOOD
 Producing Formation: SQUIRREL
 Elevation : Ground: UNKNOWN Kelly Bushing: _____
 Total Depth: 791 Plug Back Total Depth: -----
 Amount of Surface Pipe Set and Cemented at 40 Feet
 Multiple Staging Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II Completion, cement circulated from 791
 feet depth to SURFACE w/ 65 sx cement.

Drilling Fluid Management Plan(Data Collected From Pit)
 Chloride Content 1000 ppm Fluid Volume 80 bbls
 Dewatering method used PUMPED OUT PUSH IN
 Location of fluid disposal if hauled offsite:
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S R _____ E W
 County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with this form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well reports shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 with all temporary abandoned wells.

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: Dennis Kershner

Title: OFFICE MANAGER Date: 4-5-06

Subscribed and sworn to before me this 5th day of April
2006

Notary Public: Shirley A Stotler
 Date Commission Expires: 1-20-2008

KCC Office Use Only

Letter of Confidentiality Attached
 If Denied, Yes Date _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution



Operator Name COLT ENERGY, INC. Lease Name SALSBURY Well # 1
 Sec. 33 Twp. 15 S. R. 20 East West County FRANKLIN

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run: <u>GAMMA RAY/NEUTRON</u>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum SEE ATTACHED DRILLERS LOG
---	---

CASING RECORD <input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of string	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs/Ft	Setting Depth	Type Of Cement	# Sacks Used	Type and Percent Additives
SURFACE	9 1/4	6 1/4	----	40	PORTLAND	15-16	CEMENT@SURFACE
PRODUCTION	5 5/8	2 7/8	-----	778.3	PORTLAND	65	CEMENT@SURFACE

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate	Top Bottom			
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per/F	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	726-736	100 BBL OIL	726-736
		70SXS SAND	

TUBING RECORD	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------	--------	-----------	--

Date of First Production	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift
--------------------------	---

Estimated Production/24hrs	Oil Bbls	Gas Mcf	Water BBLs.	Gas-Oil Ratio	Gravity

Disposition Of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Used on Lease	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Compl. <input type="checkbox"/> Commingled	
(If vented Submit ACO-18)	-----Other (Specify) _____	

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
APPLICATION FOR INJECTION WELL**

FORM U-1 June 2000 Form must be Typed Form must be Signed All blanks must be Filled

Disposal _____

Enhanced Recovery: _____ Repressuring
 Waterflood
 _____ Tertiary

Date: APRIL 4, 2006

Operator License Number: 5150

Operator COLT ENERGY, INC

Address P O BOX 388
IOLA, KS 66749

Contact Person DENNIS KERSHNER

Phone 620-365-3111

Permit Number E-24,111

API Number: 15-059-23,926

Well Location: _____ East
 _____ NW NE, Sec. 33 Twp. 15 S. R. 20 West
5115 Feet from SOUTH Section line
2475 Feet from EAST Section line

Lease Description NE/4

Lease Name SALSBURY Well Number 1

Field Name NORWOOD

County FRANKLIN

Deepest Usable Water
 Formation UNKNOWN
 Depth to Bottom of Formation _____

Check One: Old Well Being Converted Newly Drilled Well Well to be Drilled

Surface Elevation _____ feet Well Total Depth 791 feet Plug Back Depth -- feet

Datum of top of injection formation _____ feet (reference mean sea level)

Injection Formation Description:

Name	top / bottom	perf / open hole	depth
<u>SQUIRREL</u>	<u>722 / 741</u>	<u>PERF</u> at <u>726</u> to <u>736</u> feet	
_____	<u>/</u>	_____ at _____ to _____ feet	

List of Wells Supplying Salt Water:

(attach additional sheets if necessary)

Lease Operator	Lease Name	Lease Description	Well ID & Spot Location
<u>COLT ENERGY, INC.</u>	<u>PAULINE SCOTT</u>	<u>E/2 NW/4 33-15-20 FRANKLIN</u>	<u>5230FSL 2940FEL</u>
_____	_____	_____	_____
_____	_____	_____	_____

Producing Formation	Strata Depth	Total Dissolved Solids (if available)
<u>BARTLESVILLE</u>	<u>938</u> to <u>946</u> feet	_____ mg/l
<u>BARTLESVILLE</u>	<u>1002</u> to <u>1012</u> feet	_____ mg/l
_____	_____ to _____ feet	_____ mg/l

Maximum Requested Liquid Injection Rate: 25 bbls / day; or

Maximum Requested Gas Injection Rate: _____ scf / day. Type of Gas _____

Maximum Requested Injection Pressure: 600 psig

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

Well Completion

Type Tubing & Packer Packerless X Tubingless

	Conductor	Surface	Intermediate	Production	Tubing
Size		6 1/4		2 7/8	
Setting Depth		40		778.3	
Amount of Cement		15-16		65	
Top of Cement		SURFACE		SURFACE	
Bottom of Cement		40		778.3	

If Alternate II cementing, complete the following:

Perforations / D.V. Tool at _____ feet, cemented to _____ feet with _____ sx.

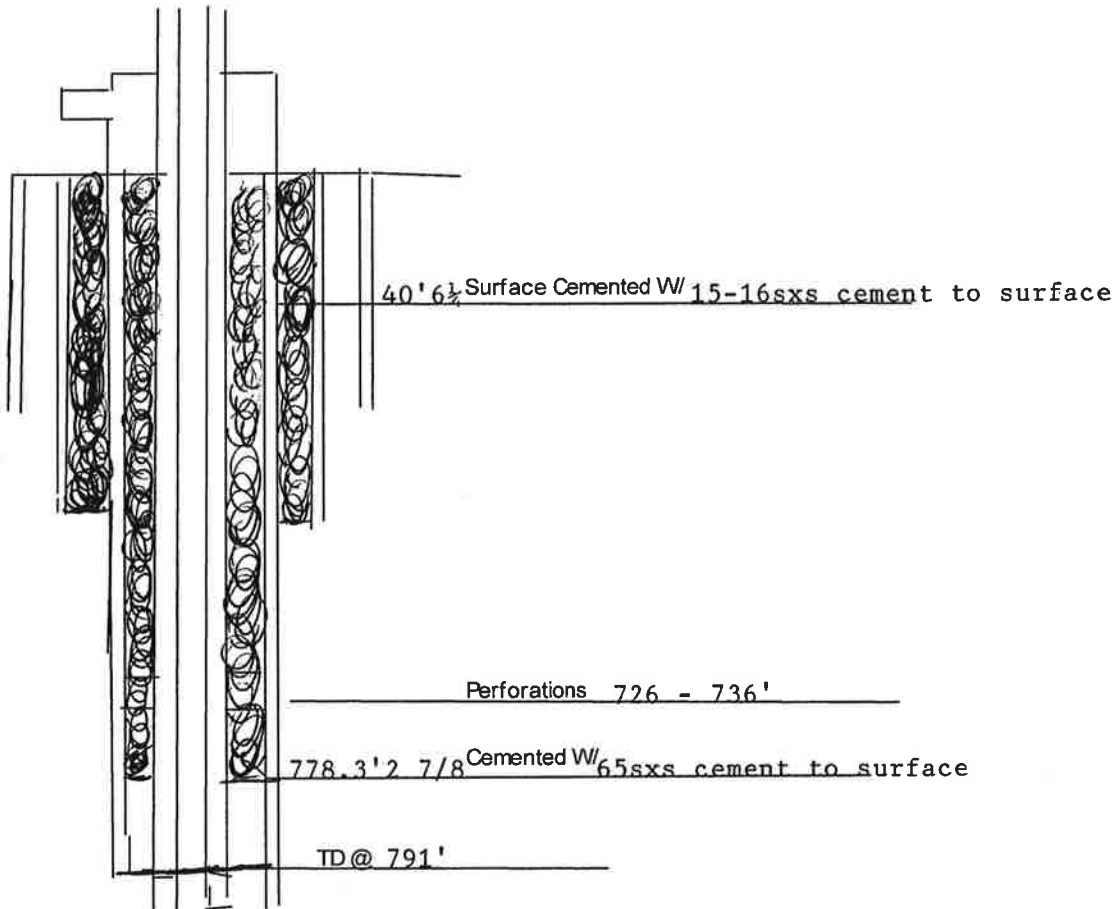
Tubing: Type _____ Grade _____

Packer: Type _____ Depth _____

Annulus Corrosion Inhibitor: Type _____ Concentration _____

List Logs Enclosed: _____

Well Sketch (To sketch installation, darken the appropriate lines, indicate cement, and show depths)





INVOICE

OUR NO.

MIDWEST SURVEYS
LOGGING • PERFORATING • CONSULTING SERVICES

16943

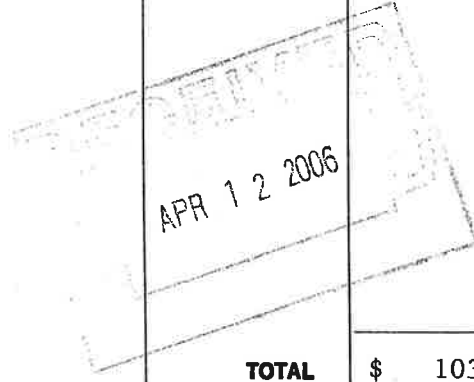
P. O. Box 68
Osawatomie, KS 66064
913 / 755-2128

S
O
L
D
T
O
L
Colt Energy, Inc.
P.O. Box 388
Iola, Kansas 66749

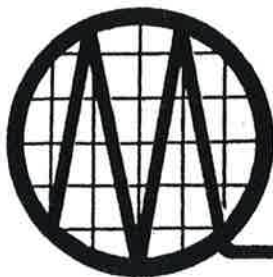
S
H
I
P
P
E
D
T
O
L
Listed Below
Franklin County, Ks

PLEASE USE THIS INVOICE FOR PAYMENT
NO MONTHLY STATEMENTS RENDERED

CUSTOMER ORDER NO.	SALESMAN	DATE SHIPPED	SHIPPED VIA	INVOICE DATE	TERMS
John Amerman		4/10/06			
QUANTITY	DESCRIPTION			PRICE	AMOUNT
9 ea	Casing Mechanical Integrity Tests for the State of Kansas				\$ 1035.00
	Wells Tested Pauline Scott Lease: # 10, # 11 Harry Scott Lease: # 1-A, # 3-A Salsbury Lease: # 1, # 3, # 5, # 7, # 9				
	NET DUE UPON RECEIPT				
	<small>Late Charge of 1-1/2% per Month on Accounts over 30 Days.</small>				
				TOTAL	\$ 1035.00



White-Customer Canary-Accounting



MIDWEST SURVEYS

LOGGING • PERFORATING • M.I.T. SERVICES

P. O. Box 68
Osawatomie, KS 66064
913 / 755-2128

16943

Date 4/10/06

TERMS AND CONDITIONS: Midwest Surveys is hereby instructed to deliver the equipment or perform the services ordered hereon or as verbally directed, under the terms and conditions printed on the reverse side of this order, which I have read and understand and which I accept as Customer or as Customer's Authorized Agent.

Service and/or Equipment Ordered CASING Mechanical Integrity Tests

SIGN BEFORE COMMENCEMENT OF WORK

Customer's Name COLT Energy Inc. By _____
Customer's Authorized Representative

Charge to COLT Energy Inc. Customer's Order No. John Amerman

Mailing Address _____

Well or Job Name and Number Listed Below County Franklin State KANSAS

QUANTITY	DESCRIPTION OF SERVICE OR MATERIAL	PRICE
9 so.	CASING Mechanical Integrity Tests for the STATE of KANSAS	1035.00
	Well Tested	
	Pauhine SCOTT lease: # 10, # 11	
	Harry SCOTT lease: # 1-A, # 3-A	
	Salsbury lease: # 1, # 3, # 5, # 7, # 9	

Total 1035.00

The above described service and/or material has been received and are hereby accepted and approved for payment.

Customer's Name COLT Energy Inc.

By _____ Date 4/10/06

Customer's Authorized Representative

Serviced by: Raymond

COLT

ENERGY, INC.

CORPORATE OFFICE

*P.O. Box 388 • 1112 Rhode Island Rd. • Iola, Ks. 66749
Phone (620) 365-3111 • Fax (620) 365-3170*

October 19, 2006

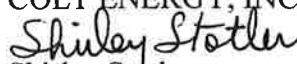
Jerry Knoble, UIC Section
KCC Conservation Office
Wichita State Office Bldg.
130 S. Market, Room 2078
Wichita, Kansas 67202-1286

Dear Jerry:

Enclosed please find copies of the U-5 forms Commencement of Injection from Colt Energy, Inc. into the following Salsbury wells 1, 3, 5, 7, 9 under Docket #24,111 located 33-15-20 Franklin County, Kansas on October 11, 2006.

As you will notice this is only one lease under the Docket #24,111 amended injection that has been put on line at this time. When we get the remaining wells turned on will forward to you the U5 forms.

If you have any questions, contact Shirley Stotler at 620-365-3111.

Sincerely,
COLT ENERGY, INC.

Shirley Stotler
Production Clerk

ss

Encl.

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
NOTICE OF INJECTION
COMMENCEMENT OR TERMINATION**

Form I
July 20
Form must be Typ
Form must be Sign
All blanks must be Fill
Form must be complet
on a per well bas

Notice of Injection: (check one) Commencement
 Termination
Entire Permit Yes No

Disposal Enhanced Recovery
Effective Date: 10-11-06

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-24,111

Entire Permit: Yes No

NE Sec. 33 Twp. 15 S. R. 20 East West

5115 Feet from North / South Section Line West

2475 Feet from East / West Section Line

Lease Description: NE/4

Please list all leases and wells affected by this document:

Lease Name: SALSBURY

Well Number(s): 1

County: FRANKLIN

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 19TH day of OCTOBER, 2006.

Signature: Shirley Stotler

Name: SHIRLEY STOTLER

Title: PRODUCTION CLERK

KCC Office Use: KCC District # _____
Submit the following:
 a CP2/3 a field report
 other: _____

CASING MECHANICAL INTEGRITY TEST

DOCKET # E-24,111

Disposal Enhanced Recovery:

NW/1/4 NW NE, Sec 33, T 15 S, R 20 (EW)

DW-OP

Repressuring

GPS: 5131 SHS Feet from South Section Line
2493 2475 Feet from East Section Line

5-yr test

Flood

Tertiary

Date injection started

Lease SALSBURY Well # 1

API #15 - 059 - 23,926

County FRANKLIN

Operator: COLT ENERGY, INC.

Operator License # 5150

Name & Address P.O. Box 388

Contact Person DENNIS KORSHAUER

IOBA, KS 66749

Phone 620-365-3111

Max. Auth. Injection Press. _____ psi; Max. Inj. Rate _____ bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____

	Conductor	Surface	Production	Liner	Size	Tubing
Size	_____	<u>6 7/8"</u>	<u>2 7/8"</u>	_____	_____	_____
Set at	_____	<u>40'</u>	<u>778.3'</u>	_____	Set at _____	_____
Cement Top	_____	<u>circ.</u>	<u>circ.</u>	_____	Type _____	_____
" Bottom	_____	<u>40'</u>	<u>778.3'</u>	_____	_____	_____
DV/Perf.	_____	_____	_____	_____	_____	_____
Packer type	_____	_____	_____	_____	_____	_____
Zone of injection	<u>726</u>	ft. to ft. <u>736</u>	_____	_____	_____	_____

TD (and plug back) 791 ft. depth
Size _____ Set at _____

Perf. or open hole PERF.

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 20 Min. 40 Min. 60 Min.
I Pressures: 500 500 500 Set up 1 System Pres. during test _____
E Set up 2 Annular Pres. during test _____
L Set up 3 Fluid loss during test _____ bbls.
D

Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with FLUID DEPRESSION

Test Date 3/29/11 Using MIDWEST SURVEYS Company's Equipment

The operator hereby certifies that the zone between 0 feet and 726 feet

was the zone tested [Signature] Signature Contractor Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____
State Agent [Signature] Title PIRT Witness: Yes No _____
REMARKS: FULL OF FLUID WITH 170# PRESSURE. 726 * 50 = 676 * .43 = 291 + 170 = 461#

Origin. Conservation Div.; KDHE/T; Dist. Office;
 Computer Update

STATE OF KANSAS

CORPORATION COMMISSION
CONSERVATION DIVISION
266 N. MAIN ST., STE. 220
WICHITA, KS 67202-1513



PHONE: 316-337-6200
FAX: 316-337-6211
<http://kcc.ks.gov/>

GOVERNOR JEFF COLYER, M.D.

SHARI FEIST ALBRECHT, CHAIR | JAY SCOTT EMLER, COMMISSIONER | PAT APPLE, COMMISSIONER

March 19, 2018

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

Re: Plugging Application
API 15-059-23926-00-01
SALISBURY 1
NE/4 Sec.33-15S-20E
Franklin 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 19, 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 19, 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