

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



Oil and Gas
Well
Database

Specific Well--15-003-24184

ACO-1

Kimzey Drilling Co.

La Cygne, KS 66040

Phone: (913)757-4792

P.O. Box 131

M.A.E Resources Inc.
Wichita, KS

JCB #29
Anderson County

Thickness of Strata	Formation	Total Depth
4	Soil & Clay	4
28	Clay	30
1	Red Clay	31
4	Shale	36
22	Lime	58
7	Shale	65
10	Lime	75
60	Shale	135
2	Lime	137
16	Shale	153
22	Lime	175
3	Shale	178
2	Lime	180
38	Shale (Limy)	218
10	Lime	228
4	Shale (Limy)	232
2	Lime	234
25	Shale	260
36	Lime	296
9	Shale	307
3	Lime	310
46	Shale	356
6	Lime	362
16	Shale	378
7	Lime	385
3	Shale	389
42	Lime	431
2	Coal	433
8	Lime	441
4	Shale	445
20	Lime	465
6	Shale	471
19	Lime	490
138	Shale	628
2	Lime	630
31	Shale	661
34	Lime	695
68	Shale	763
12	Lime	775
10	Shale	783
4	Lime	787
18	Shale	803
20	Lime	823
10	Shale	833
5	Lime	838
7	Shale	845
6	Lime	851
4	Shale (Black)	855
10	Shale	866
5	Sand (Broken)	871
8	Shale	879
2	Lime	881
	Shale	882 (T.D.)



Specific Well--15-003-24184

ACO-1

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 # 30993
 Name: M.A.E. RESOURCES, INC.
 Address: 20655 SW 700 RD AP
 City/State/Zip: WELDA, KS 66091
 Purchaser: CRUDE MARKETING
 Operator Contact Person: CLYDE BOOTS
 Phone: (620) 852 3574
 Contractor: Name: KIMZEY DRILLING
 License: 33030
 Wellbore Geologist: BRAD COOK
 Designate Type of Completion:
 New Well Re-entry Workover
 Oil SWD SOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-pair Conv. to Enhr./SWD
 Plug Back _____ Plug Back Total Depth _____
 Cormingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.) _____ Docket No. _____
4-1-02 4-3-02 **DID NOT CEMENT**
 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date **WE MAY PLUG IT**

API No. 15 - 003-24184-0000
 County: ANDERSON
 NW NE NE Sec. 29 Twp. 22 S. R. 19 East West
5060 feet from N (circle one) Line of Section
1100 feet from W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: JCB UNIT #1 Well #: 29
 Field Name: COLONY WELDA
 Producing Formation: SQUIRREL
 Elevation: Ground: N/A Kelly Bushing: N/A
 Total Depth: 892' Plug Back Total Depth: 892'
 Amount of Surface Pipe Set and Cemented at 37 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from DID NOT CEMENT
 feet depth to MAY PLUG WELL, LATER ex omf.

Drilling Fluid Management Plan TA's See 10-21-02
 (Date must be collected from the Reserve Pit)
DRILLED WITH FRESH POND WATER.
 Chloride content NONE ppm Fluid volume _____ bbls
 Desulfuring method used EVAPORATION
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2075, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-108 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 the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geological well report shall be attached with this form. **ALL CEMENTING TICKETS MUST BE ATTACHED.** Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily 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: Clyde Boots
 Title: STOCKHOLDER Date: 8-3-2002
 Subscribed and sworn to before me this 3RD day of AUGUST
XX 2002
 Notary Public: John Boots
 Date Commission Expires: 12-12-2003

KCC Office Use ONLY
 Letter of Confidentiality Attached
 If Docket, Yes Date: _____
 Wireline Log Received
 Geological Report Received
 UIC Distribution

State Form

Operator Name: M.A.E. RESOURCES, INC. Lease Name: JCB UNIT #1 Well #: 29
 Sec. 29 Twp. 22 S. R. 18 East West County: ANDERSON

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressure, 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Bore to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SOIL & CLAY	0	4
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CLAY	4	30
Use All E. Logs Run:		RED CLAY	30	31
NONE		SHALE	31	36
		LIME	36	58
		SHALE & LIME	58	892

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used NO CASING. MAY PLUG							
Report all casings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size (Hole Orificed)	Size Casing Set (In O.D.)	Weight Lbs./ Ft.	Setting Depth	Type of Cement	# Bags Used	Type and Percent Additives
SURFACE	10 1/2"	7"		37'	PORTLAND	9	NONE
NO PRODUCTION							

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

Shots Per Foot	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
	NOT PERFORATED. PROBABLY WILL PLUG				

TUBING RECORD		Size	Set At	Packoff At	Usher Run
NONE				NONE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enh.			Producing Method		
PROBABLY WILL PLUG.			<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water
					Bbls. Gas-Oil Ratio Gravity

Disposition of Gas: Ventd Sold Used on Lease Other (Specify) _____

METHOD OF COMPLETION: Open Hole Part. Dually Comp. Cemented Other (Specify) _____

Production Interval: _____

NO GAS

Kansas Geological Survey, Oil and Gas Well Database
 Comments to webadmin@kgs.ku.edu
 URL=<http://www.kgs.ku.edu/Magellan/Qualified/index.html>
 Well Display Program Updated Jan. 2008. Data added continuously.

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 | DWIGHT D. KEEN, COMMISSIONER

October 03, 2018

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

Re: Plugging Application
API 15-003-24184-00-00
JCB UNIT 1 29
NE/4 Sec.29-22S-19E
Anderson 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 April 03, 2019. 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 April 03, 2019 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