KOLAR Document ID: 1510666

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

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

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

OPERATOR: License #:		_ API No. 15			
Name:		_ If pre 1967, sup	ply original compl	etion date:	
Address 1:		Spot Description	n:		
Address 2:		_	Sec Tw	/р S. R	East West
City: State:	. Zip:+	l ———	Feet from	North /	South Line of Section
Contact Person:		_	Feet from		West Line of Section
Phone: ()			lated from Neares	st Outside Section	Corner:
, mone. (
		1 '			
		2000011001			
Check One: Oil Well Gas Well OG	D&A Catho	odic Water Suppl	y Well O	ther:	
SWD Permit #:	ENHR Permit #:		Gas Storage	Permit #:	
Conductor Casing Size:	_ Set at:	Cemer	nted with:		Sacks
Surface Casing Size:	Set at:	Cemer	nted with:		Sacks
Production Casing Size:	_ Set at:	Cemer	nted with:		Sacks
Elevation: (G.L. / K.B.) T.D.: Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if additi Is Well Log attached to this application? Yes No If ACO-1 not filed, explain why:	Casing Leak at:ional space is needed):	(Interval)		Stone Corral Formation	,)
Plugging of this Well will be done in accordance with K.S. Company Representative authorized to supervise plugging of	-	-	-		
Address:	City	y:	State:	Zip:	+
Phone: ()					
Plugging Contractor License #:	Na	me:			
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

KOLAR Document ID: 1510666

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 (C	Eathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License #	Well Location:
Name:	SecTwpS. R East
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: State: Zip:+	
the KCC with a plat showing the predicted locations of lease roads, tank	lic Protection Borehole Intent), you must supply the surface owners and batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
owner(s) of the land upon which the subject well is or will be lo	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 and email address.
KCC will be required to send this information to the surface own	eknowledge 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 to form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.
Submitted Electronically	

Form	CP1 - Well Plugging Application
Operator	Colt Energy Inc
Well Name	TESTERMAN 12-24
Doc ID	1510666

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
449	910	PENN COALS	

Michael Drilling, LLC P.O. Box 402 Iola, KS 66749 620-365-2755

Company:	Colt Energy Inc	Date: 09/10/08	
Address:	PO Box 388	Lease: Testerman	
	Iola Kansas 66749	County: Labette	
Ordered By	: Jim Stegman	Well#: 12-24	
J		API#· 15-099-24467-00-00	

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-20	Overburden	416-422	Black Shale and Coal
20-74	Shale	422-447	Lime
74-78	Lime	440	Gas Test 0" at 1/4" Choke
78-80	Shale	447-451	Black Shale and Coal
80-92	Sandy Shale	451-479	Sandy Shale
92-113	Lime	465	Gas Test 0" at 1/4" Choke
113-132	Sandy Shale	479-481	Coal
132-135	Lime	481-530	Sand and Sandy Shale
135-140	Sandy Shale	515	Gas Test 0" at 1/4" Choke
140-151	Lime	530-532	Lime
151-172	Sand	532-534	Black Shale
165	Gas Test 0" at 1/4" Choke	534-555	Sandy Shale
172-181	Sand - Oil Oder	540	Gas Test 0" at 1/4" Choke
181-185	Sand	555-556	Lime
185-192	Oil Oder	556-557	Coal
192-283	Sand	557-570	Shale
283-305	Lime	570-571	Coal
305-309	Black Shale	571-627	Sandy Shale
309-310	Coal	590	Gas Test 2" at 1/2" Choke
310-381	Sand and Shale	615	Gas Test 7" at 1/2" Choke
315	Gas Test 1" at 1/2" Choke	627-628	Coal
365	Gas Test 0" at 1/4" Choke	628-657	Sandy Shale
381-416	Lime	640	Gas Test 1" at 1/2" Choke
415	Gas Test 0" at 1/4" Choke	657-733	Sand

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Michael Drilling, LLC P.O. Box 402 Iola, KS 66749 620-365-2755

Company:	Colt Energy Inc	Date: 09/10/08	
Address:	PO Box 388	Lease: Testerman	
	Iola Kansas 66749	County: Labette	
Ordered By	Jim Stegman	Well#: 12-24 API#: 15-099-24467-00-00	

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
665	Gas Test 1" at 1/2" Choke		
690	Gas Test 0" at 1/4" Choke		
733-734	Coal		
734-829	Shale		
829-830	Coal		
830-839	Sandy Shale		
839-840	Coal		
840-906	Shale		
840	Gas Test 1" at 1/2" Choke		
890	Gas Test 0" at 1/4" Choke		
906-909	Coal		
909-915	Shale		
915-1030	Mississippi Lime		
1015	Gas Test 0" at 1/4" Choke		
1030	TD		
	Surface 20'		
			Coal

Conservation Division 266 N. Main St., Ste. 220 Wichita, KS 67202-1513



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Laura Kelly, Governor

Susan K. Duffy, Chair Shari Feist Albrecht, Commissioner Dwight D. Keen, Commissioner

March 20, 2020

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

Re: Plugging Application API 15-099-24467-00-00 TESTERMAN 12-24 SW/4 Sec.24-33S-17E Labette 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 16, 2020. 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 16, 2020 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