Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD

Form CP-4

December 2003

Type or Print on this Form

Form must be Signed

All blanks must be Filled

K.A.R. 82-3-117 195 API Number: <u>15 -</u> 059-24,140 Lease Operator: COLT ENERGY, INC Lease Name: HARRY SCOTT Address: P O BOX 388 Well Number:___ Phone: (620) 365 -3111 Operator License #: 5150 Spot Location (QQQQ): ____ - CE/2 - SE - SW Type of Well: ENHR Docket #: E-24,111 330 (If SWD or ENHR) (Oil. Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) Feet from North / South Section Line The plugging proposal was approved on: $\frac{6-29-05}{}$ (Date) Feet from 🗸 East / 🗌 West Section Line Sec. 28 Twp. 15 S. R. 20 Fast West by: FRANK GUILFOYE (KCC District Agent's Name) County: FRANKLIN If not, is well log attached? Yes No Is ACO-1 filed? ✓ Yes No Date Well Completed: 2-06-87 Producing Formation(s): List All (If needed attach another sheet) Plugging Commenced: 6-29-05 ____ Depth to Top: 728 Bottom: 734 Depth to Top: __ __ Bottom: __ Plugging Completed: 6-29-05 Bottom: _ Depth to Top: _ Show depth and thickness of all water, oil and gas formations. Casing Record (Surface Conductor & Production) Oil, Gas or Water Records From То Size Put In **Pulled Out** Formation Content 0 40 NONE SURFACE 40 6 1/4 728 734 2 7/8 762 NONE OIL **SQUIRREL** Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. PUMPED 25SXS CEMENT FROM 793 TO SURFACE. CLOSED IN @1200PSI WELL PLUGGED. Name of Plugging Contractor: CONSOLIDATED WELL SERVICES, INC License #: 3(440 Address: P O BOX 493, CHANUTE, KS 66720 Name of Party Responsible for Plugging Fees: COLT ENERGY, INC State of KANSAS **DENNIS KERSHNER** (Employee of Operator) or (Operator) on above-described well, being first duly sworn on dam, cave: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the true Ad correct somele me Mitary Public State of Kan (ddress) P O BOX 388, IOLA, KS 66749

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

Notary Public

Commission Expires: __

RECEIVED