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

Lease Operator: COLT ENERGY, INC				API Number: 15 - 031-22,326 - 00 - 00		
Address: P O BOX 388, IOLA, KS 66749				Lease Name:		
Phone: (620) 365 -3111 Operator License #: 5150				Well Number: 16-54		
Type of Well: (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) The plugging proposal was approved on: (If SWD or ENHR) (Date) by: MIKE HEFFERN (KCC District Agent's Name) Is ACO-1 filed? Yes No If not, is well log attached? Producing Formation(s): List All (If needed attach another sheet) LOWER SQUIRREL Depth to Top: Depth to Top: Depth to Top: Bottom: T.D. Depth to Top: Depth t					Spot Location (QQQQ): W/2 - W/2 - E/2 - SW 1320 Feet from North / South Section Line 1500 Feet from East / West Section Line Sec. 16 Twp. 23 S. R. 17 East West County: COFFEY Date Well Completed: NONE DRY HOLE Plugging Commenced: 10-2-07 Plugging Completed: 10-2-07	
Show depth and thickness of all water, oil and gas formations.						
Oil, Gas or Wat	From To Size			Surface Conductor & Production)		
SURFACE	Content	FIOIII	10	7"	9ut In 43.40	Pulled Out NONE
NO PRODUCTION CASING	PLUGGED THRU	DRILL	CSG.			
hole. If cement or other plug	s were used, state the	character of s	ame depth pla	aced from (botto	om), to (top) for each plug	
PLUGGED WELL THRU DRILL PIPE CONSOLIDATED CIRCULATED TO TO SURFACE PUMPED 10SXS CEMENT @1269'						
FILLED W/GEL SPACER TO 900' PUMPED 20SXS CEMENT FILLED W/GEL SPACER TO 600' PUMPED						
10SXS CEMENT FILLED W/GEL SPACER TO 250' PUMPED 50SXS TO SURFACE. WELL PLUGGED.						
Name of Plugging Contractor: CONSOLIDATED OIL WELL SERVICES License #:33761						
Address: P O BOX 884, CHANUTE KS 66720						OCT 2 2 2007
Name of Party Responsible for Plugging Fees: COLT ENERGY, INC						CONSERVATION DIVISION
State of KANSAS	County, A	LLEN		_ , ss.		WICHITA, KS
DENNIS KERSHNER (Employee of Operator) or (Operator) on above-described well, being first duly						
sworn on oath, says: That I h same are two and correct, so SHIPLE My April 200	A STOTLER State of Kennes (A STOTLER State of Kennes (A	ignature) ddress)_P (D BOX 388, ore me this Le	IOLA, KS 6	ed, and the log of the ab 6749 October	ove-described well is as filed, and the $\frac{2007}{10000000000000000000000000000000000$