

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
K.A.R. 82-3-117

Form CP-4
December 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

Lease Operator: COLT ENERGY, INC

Address: P O BOX 388, IOLA, KS 66749

Phone: (620) 365-3111 Operator License #: 5150

Type of Well: OLD WELL oil KCC PVT per up 2/3
(Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) per open
shut

The plugging proposal was approved on: 9-26-07 (Date)

by: RUSSELL HINES (KCC District Agent's Name)

Is ACO-1 filed? ☐ Yes ☒ No If not, is well log attached? ☐ Yes ☒ No

Producing Formation(s): List All (If needed attach another sheet)

UNKNOWN Depth to Top: _____ Bottom: _____ T.D. 950

_____ Depth to Top: _____ Bottom: _____ T.D. _____

_____ Depth to Top: _____ Bottom: _____ T.D. _____

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface Conductor & Production)				
Formation	Content	From	To	Size	Put In	Pulled Out
SURFACE				7"	APPRO 20'	
PRODUCTION		N/A	N/A	2 7/8	950	

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.

CONSOLIDATED HOOKED ON TO 2 7/8" ESTABLISHED INJECTION RATE @1000PSI MIXED 15XS 60/40 POZ-MIX

CEMENT W/4% GEL SQUEEZED WELL TO SURFACE SHUT DOWN. SHUT WELL IN @150PSI.

WELL IS PLUGGED.

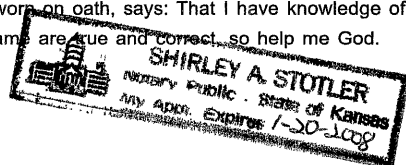
Name of Plugging Contractor: CONSOLIDATED OIL WELL SERVICES License #: RECEIVED 33961

Address: P O BOX 884 CHANUTE, KS 66720

Name of Party Responsible for Plugging Fees: COLT ENERGY, INC

State of Kansas County, Allen, ss.

Dennis Kershner (Employee of Operator) or (Operator) on above-described well, being first duly sworn on oath, says: 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 same are true and correct, so help me God.



(Signature) Dennis Kershner

(Address) PO Box 388 Iola, KS 66749

SUBSCRIBED and SWORN TO before me this 24th day of October, 2007

Shirley A Stotler
Notary Public

My Commission Expires: 1-20-2008

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

TICKET NUMBER 12628
LOCATION Eureka
FOREMAN Troy Strickler

TREATMENT REPORT & FIELD TICKET

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-26-07	1828	McNickels OW3				LaBette
CUSTOMER						
Colt Energy Inc.						
MAILING ADDRESS						
P.O. Box 388						
CITY		STATE	ZIP CODE			
Tola		Ks				

JOB TYPE <u>P.T.A.</u>	HOLE SIZE _____	HOLE DEPTH _____	CASING SIZE & WEIGHT _____
CASING DEPTH _____	DRILL PIPE _____	TUBING <u>2 3/8" tubing</u>	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>950'</u>
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____

REMARKS: Safety meeting: Rig up to 2 3/4" tubing. Establish Injection Rate.
1000PST 2861 Pct/min. mixed 158kts 60/40 Pz-mia Cement w/ 42 Gal @
14.5*Pct. Shut Down. Shut casing in @ 1500PST.

Job Complete.

[illegible]

DATE _____