WELL PLUGGING APPLICATION Please TYPE Form and File ONE Copy

Form CP-1 March 2009 This Form must be Typed Form must be Signed All blanks must be Filled

OPERATOR: License #: _5150		API No. 15 - <u>003-204460000</u>				
Name:COLT_ENERGY_INC						
Address 1: _P_O_BOX_388						
Address 2:	zip: _66749_ +	- 990 Feet from North 4,950 Feet from East Footages Calculated from Nearest Outside S	South Line of Section West Line of Section Section Corner:			
Check One: 🕡 Oil Well 📗 Gas Well 📗 OG	D&A Cath	hodic Water Supply Well Other:				
SWD Permit #:	ENHR Permit #:	Gas Storage Permit #:	<u></u>			
Conductor Casing Size: NONE	Set at: NONE	Cemented with: NONE	Sacks			
Surface Casing Size:	Set at: <u>65'</u>	Cemented with: N/A VISIBLE CEM	ENT @ SURFACE Sacks			
Production Casing Size: 4 1/2"	Set at: <u>1547</u>	Cemented with: _50	Sacks			
List (ALL) Perforations and Bridge Plug Sets: PERFS NONE, OPEN HOLE COMPI						
Elevation: 1038 ([]G.L./ [] K.B.) T.D.: 1551	РВТО: <u>NONE</u>	Anhydrite Depth: NONE (Stone Corral F	ormation)			
Condition of Well: 🗸 Good 🔲 Poor 🔲 Junk in Hole	Casing Leak at: NC	DNE	ŕ			
Proposed Method of Plugging (attach a separate page if additional RIH W/TBG TO BTM, RUN CMT BOND LOG TO FIND TO CMT ON BTM, GEL SPACER JUST BELOW PERFS, CIPOOH, CMT SAME + CMT FROM 300' TO SURFACE.	OP OF CMT, PERF JUS					
Is Well Log attached to this application?	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 Company Representative authorized to supervise plugging on	perations: _REX.ASH	ILOCK				
Address: P O BOX 3, 1112 RHODE ISI Phone: (620) _365-3111		City: _IOLA State: _KS Zip:	667 <u>49</u> + <u>0388</u>			
Plugging Contractor License #: 5491	N	Name: W-W PRODUCTION CO, GENE	RAL PARTNERSHIP			
Address 1: 1150 HWY 39						
City: _CHANUTE		State: KS Zip: 1	66720 <u>+ 5215</u>			
Phone: (620) 431-4137						
Proposed Date of Plugging (if known): _ON_OR_ARG	OUND 5/25/2011		- Ku			
Payment of the Plugging Fee (K.A.R. 82-3-118) will be guardent of	aranteed by Operator or A	Statler Production	BECEWED MAY 2 3 2011			

Form KSONA-1 July 2010 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 (Ca	athodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License # 5150 Name: COLT ENERGY, INC	Well Location: NW_SW_SW_Sec.28 Twp. 22 S. R. 18
Address 1: P O BOX 388, 1112 RHODE ISLAND RD Address 2:	County: ANDERSON Lease Name: SPENCER Well #: 1
City: IOLA State: KS Zip: 66749 + 0338 Contact Person: DENNIS KERSHNER	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
Phone: (620) 365-3111 Fax: (620) 365-3170 Email Address: dennis@aceks.com	
Surface Owner Information:	
Name: DELORES LUEDKE Address 1: 618 S 3RD ST	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
Address 2:	county, and in the real estate property tax records of the county treasurer.
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.
I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be loce CP-1 that I am filing in connection with this form; 2) if the form beform; and 3) my operator name, address, phone number, fax, and	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
☐ I have not provided this information to the surface owner(s). I ac KCC will be required to send this information to the surface own task, I acknowledge that I am being charged a \$30.00 handling to	knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.
I hereby certify that the statements made herein are true and correct to Date: 5-18-1/ Signature of Operator or Agent:	the best of my knowledge and belief. Ley Stotler Title: Production Clerk RECEIVED
	RECEIVED
	MAY 2 3 2011

KCC WICHITA

Form KSONA-1
July 2010
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.

OPERATOR: License #	Well Location
Name: COLT ENERGY, INC	Well Location: NW_SW_SW_Sec.28 Twp. 22 S. R. 18 ☑ East West
Address 1: P O BOX 388, 1112 RHODE ISLAND RD	a ANDERSON
Address 2:	Lease Name: SPENCER Well #: 1
City: IOLA State: KS Zip: 66749 + 0338	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person: DENNIS KERSHNER	the lease below:
Phone: (620) 365-3111 Fax: (620) 365-3170	
Email Address: dennis@aceks.com	
Surface Owner Information:	
Name: MARILYN VETETO	When filing a Form T-1 involving multiple surface owners, attach an additional
Address 1: 11735 PEBBLETON DR	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: HOUSTON, State: TX Zip: 77070 +	
Select one of the following:	the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
	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
☐ I have not provided this information to the surface owner(s). I ac KCC will be required to send this information to the surface own task, I acknowledge that I am being charged a \$30.00 handling.	ner(s). To mitigate the additional cost of the KCC performing this
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.
I hereby certify that the statements made herein are true and correct to Date: 5-18-1/ Signature of Operator or Agent: Should	the best of my knowledge and belief Title: Production Clerk RECEIVED
	/ RECFIVED

2 ...

MAY 2 3 2011

Form KSONA-1 July 2010 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.

County: A County: A Lease Name: Lease Name: Lease Name: Lease Name: If filing a Form the lease below the	/ SW Sec. 28 Twp. 22 S. R. 18
County: A	NDERSON
DENNIS KERSHNER DENNIS KERSHNER 620) 365-3111 Fax: (620) 365-3170 dress:dennis@aceks.com When filing a Form the lease belowed by the lease belowed	
DENNIS KERSHNER DENNIS KERSHNER 620) 365-3111 Fax: (620) 365-3170 dress:dennis@aceks.com When filing a Form the lease belowed by the lease belowed	NDERSON SPENCER Well #: 1
DENNIS KERSHNER 620) 365-3111 Fax: (620) 365-3170 Gress:dennis@aceks.com Cowner Information: RAYMOND SPENCER & B. F. SPENCER 1:C/O MICHAEL SPENCER 2:16505 SW HIGHWAY 58 DLONY State:KSzip:66015	T-1 for multiple wells on a lease, enter the legal description of
Owner Information: RAYMOND SPENCER & B. F. SPENCER 1: C/O MICHAEL SPENCER 2: 16505 SW HIGHWAY 58 OLONY State: KS Zip: 66015 The locations may be entered on the Form C-1 particle of the land upon which the subject well is or will be located: 1) a copy CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form; and 3) my operator name, address, phone number, fax, and email address form; and 3) my operator name, address, phone number, fax, and email address thave not provided this information to the surface owner(s). I acknowledge that KCC will be required to send this information to the surface owner(s). To mitigates, I acknowledge that I am being charged a \$30.00 handling fee with this form of the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned certify that the statements made herein are true and correct to the best of my keep the certify that the statements made herein are true and correct to the best of my keep the certify that the statements made herein are true and correct to the best of my keep the certify that the statements made herein are true and correct to the best of my keep that the statements made herein are true and correct to the best of my keep that the statements made herein are true and correct to the best of my keep that the statements made herein are true and correct to the best of my keep that the statements made herein are true and correct to the best of my keep that the statements made herein are true and correct to the best of my keep that the statements made herein are true and correct to the best of my keep that the statements made herein are true and correct to the best of my keep that the statements made herein are true and correct to the best of my keep that the statements made herein are true and correct to the best of my keep that the statements made herein are true and correct to the best of my keep that the statements made herein are true and correct to the best of my keep that the statements made herein are true and corr	
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certify that the statements made herein are true and correct to the best of my k	ne KCC, which is enclosed with this form.
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ANSAWICHITALER			s on this	WOII.		Loc.	NW SW	SW
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perator				,			64	O Acres
Glacier Petr			<u>.</u>					
P. O. Box 5	77 Emp	oria, Kan	sas 66801				160	
eli No.	Lease Name							- ┇╌┥╼╏╬╌┪
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12/22./7	٠		FRNARI	o oil Pi	unchasin	DF.		ка
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Report of all string	s set — surface.	intermediate.	production, et		····			
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Sunface	 	1/ 1/		62	<u></u> _	-		1 15
Production	64"	4%"	9.5	1547	Com	nn	50	
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into of first production		Produci	ing method (flo	wing, pumping,	gas lift, etc.)			
2/29	176			PUMY	21-79			as-oil ratio
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In position of gas (vente		. 				interval	(s)	- 1
-	*				l	154	7- 15	2 1 1



April 19, 2011

KCC Conservation Division 130 S Market Room 2078 Wichita, KS 67202

RE: Well Plugging Application form CP-1
Certification of Compliance With The Kansas
Surface Owner Notification Act form KSONA-1
Multiple Leases And Locations

To Whom It May Concern:

Enclosed find copies of Well Plugging Application form CP-1 & Certification Of Compliance With The Kansas Surface Owner Notification Act form KSONA-1 from Colt Energy, Inc on the following wells in Allen, Anderson & Montgomery County, Kansas:

Allen

/ Knox RW28

/ Wolfe 45

Anderson

/ Colgin 1

Colgin 2

Colgin 3

Lay 1

Lay 2

Lay 3

ANAY 2 3 2011

KCC WICHITA

Phone (913) 236-0016 Fax (913) 262-0058

Page 2 KCC **CONSERVATION DIVISION**

Montgomery

Darby 18

I have sent required copies to the land owners and to Dist #3 office

If you have any questions, contact me at 620-365-3111.

Sincerely, COLT ENERGY, INC.

Shirley Stotler **Production Clerk**

Encl.

Cc: Dist 3 Office

RECEIVED MAY 2 3 2011 KCC WICHITA



Sam Brownback, Governor, Mark Sievers, Chairman, Ward Loyd, Commissioner, Thomas E. Wright, Commissioner

NOTICE OF RECEIPT OF WELL PLUGGING APPLICATION (CP-1)

COLT ENERGY INC PO BOX 388 IOLA, KS 66749-0388 May 23, 2011

Re: SPENCER #1

API 15-003-20446-00-00

28-22S-18E, 990 FSL 4950 FEL ANDERSON COUNTY, KANSAS

Dear Operator:

This letter is to notify you that the Conservation Division has received your plugging proposal, form CP-1, for the above well and has reviewed the proposal for completeness. The central office will now forward your CP-1 to the district office listed below for review of the proposed plugging method. Please contact the district office for approval of your proposed plugging method at least five (5) days before plugging the well, pursuant to K.A.R. 82-3-113(b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit in accordance with K.A.R. 82-3-600.

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well. This notice in no way constitutes authorization to plug the above well by persons not having legal rights of ownership or interest in the well.

This notice is void after November 19, 2011. The CP-1 filing does not bring the above well into compliance with K.A.R. 82-3-111 with regard to the Commission's temporary abandonment requirements.

Sincerely,

Steve Bond

Styr Bond

Production Department Supervisor

District: #3 1500 W. 7th

Chanute, KS 67220 (620) 432-2300