

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**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  
Name: COLT ENERGY, INC  
Address 1: P.O. BOX 388  
Address 2: \_\_\_\_\_  
City: IOLA State: KS Zip: 66749 + \_\_\_\_\_  
Contact Person: DENNIS KERSHNER  
Phone: (620) 365-3111

API No. 15 - 003-225420000  
If pre 1967, supply original completion date: \_\_\_\_\_  
Spot Description: \_\_\_\_\_  
SE NW NW Sec. 28 Twp. 22 S. R. 18  East  West  
2,970 Feet from  North /  South Line of Section  
2,970 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: ANDERSON  
Lease Name: COLGIN Well #: 3

Check One:  Oil Well  Gas Well  OG  D&A  Cathodic  Water Supply Well  Other: \_\_\_\_\_  
 SWD Permit #: \_\_\_\_\_  ENHR Permit #: \_\_\_\_\_  Gas Storage Permit #: \_\_\_\_\_

Conductor Casing Size: NONE Set at: NONE Cemented with: NONE Sacks  
Surface Casing Size: 7" Set at: NA Cemented with: N/A VISIBLE CEMENT @ SURFACE Sacks  
Production Casing Size: 4 1/2" Set at: NA Cemented with: NA Sacks

List (ALL) Perforations and Bridge Plug Sets:

**NA IF PERF'D OR OPENHOLE COMPLETED**

Elevation: NA ( G.L. /  K.B.) T.D.: NA PBTD: NA Anhydrite Depth: NA  
(Stone Corral Formation)

Condition of Well:  Good  Poor  Junk in Hole  Casing Leak at: NONE  
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

RIH 2 3/8" TUB, WASH TO BTM (TD IN OTHER WELLS IS 1556' +/-). RUN CMT BOND LOG, LOC TOP CMT, IF CMT'D TO SURFACE PUMP 50' CMT PLUG AT BTM, GEL SPACER, PUMP 50' CMT PLUG @ 700'. GEL SPACER CMT FROM 300' TO SURFACE. IF NOT CMT'D TO SURFACE, PERF ABOVE CMT PLUG AS NOTED AND CIRC CMT ON BACKSIDE OF PROD CSG TO SURFACE + CMT INSIDE SAME IF CAN'T EST CIRC. SHOOT OFF AND PLUG AS NOTED.

Is Well Log attached to this application?  Yes  No Is ACO-1 filed?  Yes  No

If ACO-1 not filed, explain why:

**CHECKED W/KCC LIB & KGS LIB, NO REC'DS ON FILE REGARDING ACO-1 OR DRILLERS LOG**

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: REX ASHLOCK

Address: P O BOX 3, 1112 RHODE ISLAND RD City: IOLA State: KS Zip: 66749 + 0388

Phone: (620) 365-3111

Plugging Contractor License #: 5491 Name: W-W PRODUCTION CO. GENERAL PARTNERSHIP

Address 1: 1150 HWY 39 Address 2: \_\_\_\_\_

City: CHANUTE State: KS Zip: 66720 + 5215

Phone: (620) 431-4137

Proposed Date of Plugging (if known): ON OR AROUND 5/28/2011

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: 5-18-11 Authorized Operator/Agent: Shirley Stotler Production Clerk  
(Signature)

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

RECEIVED  
MAY 23 2011

KCC WICHITA

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

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 (Cathodic Protection Borehole Intent)  T-1 (Transfer)  CP-1 (Plugging Application)

OPERATOR: License # 5150  
Name: COLT ENERGY, INC  
Address 1: P O BOX 388, 1112 RHODE ISLAND RD  
Address 2: \_\_\_\_\_  
City: IOLA State: KS Zip: 66749 + 0338  
Contact Person: DENNIS KERSHNER  
Phone: (620) 365-3111 Fax: (620) 365-3170  
Email Address: dennis@aceks.com

Well Location:  
SE NW NW Sec. 28 Twp. 22 S. R. 18  East  West  
County: ANDERSON  
Lease Name: COLGIN Well #: 3

*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*

**Surface Owner Information:**

Name: KIM COLGIN & MARY SUE COLGIN  
Address 1: 14678 SW DELWARE RD  
Address 2: \_\_\_\_\_  
City: COLONY State: KS Zip: 66015 + 9231

*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 county, and in the real estate property tax records of the county treasurer.*

*If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.*

**Select one of the following:**

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

*If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.*

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 5-18-11 Signature of Operator or Agent: Shirley Stotler Title: Production Clerk



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

- 1 Knox RW28
- 2 Wolfe 45
- 3 Wolfe RW36

Anderson

- 4 Colgin 1
- 5 Colgin 2
- 6 Colgin 3
- 7 Lay 1
- 8 Lay 2
- 9 Lay 3
- 10 Lay 4
- 11 Spencer 1
- 12 Spencer 2
- 13 Spencer 3WDW
- 14 Spencer 4

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Page 2  
KCC  
CONSERVATION DIVISION

Montgomery

15  
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

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MAY 23 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 24, 2011

Re: COLGIN #3  
API 15-003-22542-00-00  
28-22S-18E, 2970 FSL 2970 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 20, 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  
Production Department Supervisor

District: #3  
1500 W. 7th  
Chanute, KS 67220  
(620) 432-2300