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 E	NERGY, INC	API Number: 15 - 107-24322 86-60					
Address: P O BOX 388, IOLA, KS 66749					Lease Name: UNGEHEUER REV LIV TR		
Phone: (620) 365 -3111 Operator License #: 5150					Well Number: 15-34N		
Type of Well: DH Docket #: Docket #: (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)					Spot Location (QQQQ): NW - NE - SW - SE 1200 Feet from North / South Section Line		
The plugging proposal was	approved on: 10/22/10)		(Date)	1201810 Feet from	East / West Section	Line
by: LEVI SHORT		(K	CC District A	gent's Name)	Sec. 34 Twp. 2	21 S. R. 22	West
Is ACO-1 filed? Yes	No If not, is we	il log attached?	Yes [No	Caustin LINN		
Producing Formation(s): List All (If needed attach another sheet)					Date Well Completed: DRY/PLUGGED		
BARTLESVILLE Depth to Top: 691 Bottom: 713.5 T.D. 818					Plugging Commenced: 10/22/10		
Depth to Top: Bottom: T.D					Plugging Completed: 10/22/10		
	Depth to Top:	Bottom: _	T.I	D	Flugging Complete	V	
Show depth and thickness o	f all water, oil and gas	formations.					
Oil, Gas or Water Records Formation Content		Casing Record (Surface Conductor & Pro	Pulled Out	
Formation	1	CEIVED	10	8 5/8"	20.5'	NONE	
	DE	C 0 1 2010		- 3,0	20.0	TOTAL	
DRY/PLUGGED	UE!	0 1 2010					
THRU DRILL PIPE	KCC	WICHIT	A				
			<u> </u>				
hole. If cement or other plug 10/22/10 W & W PROD	gs were used, state the DUCTION COMPAN	character of sail	me depth pla	ced from (bott	om), to (top) for each	or methods used in introducing it plug set. DICIRCULATION TO TD OF PUMPED 57SXS CEME	818'
1 SX GEL SPACER F	PULLED UP TO 250)' PUMPED 4	3SXS CE	MENT FRO	M 250' TO SURF.	ACE AND TOPPED WELL	OFF.
WELL PLUGGED.							
Name of Plugging Contracto	, W & W PRODUC	TION COMF	PANY		License #: 54	91	
Address: 1150 HIGHV					Eldelise #		
Name of Party Responsible							
State of KANSAS		LLEN		_ , SS.			
DENNIS KERSHNER	•			/Employee of	(Operator) or (Operator	or) on above-described well, being fi	iret dulu
swim on oath, says: That I sarrie and true and principle and true and principle and true and	A STOTLER State of Kansas	Signature)	Qu	ni flu	ned, and the log of the	e above-described well is as filed,	•
	SUBSCRIBED and SI	Notary Public	re me this 2	day of _	Vouende Commission Expires:	er . 20/ /-20-10/2	<u>'o</u>
	Mail to: KCC - Cons	ervation Divis	ion, 130 S.	market - Roc	om 2078, Wichita, Ka	insas 67202	