## RECEIVED

STATE OF KANSAS STATE CORPORATION COMMISSION

130 S Market, Room 2078 Wichita, Kansas 67202

WELL PLUGGING RECORD K.A.R.-82-3-117

MAY 17 2004

## KCC WICHITA

TYPE OR PRINT

NOTICE: Fill out completely and return to Cons. Div.

WELL NUMBER1
2970Ft. from S Section Line
400Ft. from E Section Line
SEC30_TWP17_ REG21_(E)
COUNTYFRANKLIN
Date Well CompletedUNKNOWN
Plugging Commenced4-2-2004
Plugging Completed 4-2-2004

API NUMBER 15-059-24,867-00-00

LEASE NAME\_\_\_GRANT\_\_\_

office within 30 days. LEASE OPERATOR \_\_\_\_\_COLT ENERGY, INC.\_\_\_ ADDRESS\_\_\_\_\_PO BOX 388\_\_IOLA, \_KANSAS\_\_66749\_\_\_ PHONE (620 )\_\_365-3111\_\_\_\_\_ OPERATORS LICENSE NO. \_\_\_\_5150\_\_\_\_ Charater of well GAS (Oil, Gas, D&A, SWD, Input, Water Supply Well) 4-2-04 The plugging proposal was approved on \_\_\_ (date) (KCC District Agent's Name). FRANK GUILFOYLE Is ACO-1 filed? \_\_\_\_OLD WELL\_\_\_\_If not, is well log attached? \_\_\_\_ Producing Formation \_\_\_\_SQUIRREL\_\_\_\_\_ Depth to Top \_\_\_UNKNOWN\_\_\_\_ Bottom \_\_UNKNOWN\_\_\_\_ T.D. \_\_\_670\_\_\_ Show depth and thickness of all water, oil and gas formations. Oil Cas Or Water Records CACING DECORD

UIL, Gas Ur Water Reco	rus		CASING RECORD				
Formation	Content	From	То	Size	Put In	Pull Out	
	SURFACE			8 5/8	20	NONE	
SQUIRREL Prod	GAS	UNKNOWN	UNKNOWN	4 1/2	670	NONE	

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods
used in introducing it into the hole. If cement or other plug was used state the character of same and depth placed, from
feet to feet each setHOOKED ONTO CASING AND SQUEEZED 40SXS OF 60/40 POZ MIX CEMENT INTO WELL TO SURFACE
PRESSURED WELL TO 1000PSI CLOSED WELL IN WELL PLUGGED.
Name of Plugging ContractorCONSOLIDATED OIL WELL SERVICES, INCLicense No31440
Address211 W 14 <sup>TH</sup> STREET PO BOX 884 CHANUTE, KS 66720
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES:COLT ENERGY, INC
STATE OFKANSASCOUNTY OFALLEN,ss.
DENNIS KERSHNER AGENT OF COLT ENERGY, INC(Employee of Operator) or (Operator) of
aboved-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 as filed that the same are true and correct, so help me God.
(Signature) Sum' Klishne
(Address) PO BOX 388 IOLA, KS 66749

SHIRLEY A STOTLER RIBED AND SWORN TO before me this \_\_\_\_

Notary Public

My Commission Expires: 1-20-2008

Form CP-4



211 W. 14TH STREET, CHANUTE, KS 66720 620-431-9210 OR 800-467-8676

TICKET NUMBER 19405

LOCATION Strawn Ks.

## FIELD TICKET

	4260	·#	-36 - 1.	, .	• • •	
DATE CUSTO	MER ACCT # Grany	VAME OTRIO	TR SECTION	TWP RGE 2/5	COUNTY	FORMATION
	Lee Johns		OWNER			
MAILING ADDRESS	RO. Box	182	OPERATOR	11 12		
CITY & STATE	Rantoul,		2 CONTRACTO	PR .		
ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION	ON OF SERVICES C	R PRODUCT	UNIT PRICE	TOTAL AMOUNT
5405A	One	PUMP CHARGE	Queeze	- Mug One	Well	445
5402	600	Casing	footag	~	·	N/C
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5407	One	TON-MILES	-90°			170.
		STAND BY TIME MILEAGE				
		WATER TRANSPORT	<u> </u>			
5502	2/.	VACUUM TRUCKS				1759
3,50-	_ or me_	FRAC SAND				1//
- 4		THAO GAIND	1	:	-	
11241	405KI	CEMENT 59	30 Poz	Miv		7/1/
1124	1.OJKI	CEMENT	30102	prox.	SALES T	AY 213
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avin 2790					ESTIMATED TOT	AL 1118,5
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