



KANSAS CORPORATION COMMISSION 1091049
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1091049

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 34835

LOCATION Eureka

FOREMAN Steve Mead

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT 15-03-23258

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/20/12	1828	Gleue Trust, I & E (85)	36	22	16	Coffey
CUSTOMER <u>Colt Energy, Inc</u>						
MAILING ADDRESS <u>P.O. Box 388</u>						
CITY <u>Jola</u>		STATE <u>Ks</u>	ZIP CODE <u>66749</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>485</u>	<u>Allen B</u>		
			<u>513</u>	<u>Calin</u>		

JOB TYPE Long string 0 HOLE SIZE 6 3/4 HOLE DEPTH 1062 CASING SIZE & WEIGHT 4 1/2 11 7/8
 CASING DEPTH 1043 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 16 1/2 DISPLACEMENT PSI 500* ^{13 wmp} MIX PSI day 1000* RATE _____

REMARKS: Softy Meeting: Rig up to 4 1/2 casing. Break circulation with 15 bbls Fresh Water. Pump 200* Gel Flush. 8 bbls water spacer. 2 bbl Dye Water. Mix 140 sks Class A cement by 1% CaCl2, 3% Gel. Wash out pump & lines. Shut down Release Plug. Displace with 16 1/2 bbls Freshwater. Final pumping Pressure 500* Pump Plug 1000*. Wait 2 min Release Pressure. Plug held. Good Cement Returns To surface 5 bbls slurry top. Job complete. Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	50	MILEAGE	4.00	200.00
11045	140 SKs	Class A Cement	14.93	2093.00
1118B	400*	Gel @ 3%	.21	84.00
1102	120*	CaCl2 1%	.74	96.20
5407A	6.58 Ton	Ton Mileage Bulk Truck	1.34	440.86
4404	1	4 1/2 Rubber Plug	45.00	45.00
			SubTotal	3989.06
			SALES TAX 6.3%	146.05
			ESTIMATED TOTAL	4135.11

Flavin 3737

250812

AUTHORIZATION R.R. [Signature]

TITLE _____

DATE 6/20/2012

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

Air Drilling Specialist
Oil & Gas Wells

THORNTON AIR ROTARY, LLC
Office Phone: 620-879-2073

PO Box 449
Caney, KS 67333

SCANNED

Date Started	6/15/2012
Date Completed	6/19/2012

Well No.	Operator	Lease	A.P.I #	County	State
18-I	Colt Energy	Gleue Trust	15-031-23258-00-00	Coffey	Kansas

E & I

1/4	1/4	1/4	Sec.	Twp.	Rge.
			36	22	16

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Brantley	Oil		65' 8 5/8	1062	6 3/4

Formation Record

0-28	MUD	572-588	LIME		
28-47	RIVER ROCK	588-756	SANDY SHALE		
47-62	SHALE / R.R.	756-759	LIME		
62-200	SANDY SHALE	759-780	SANDY SHALE		
200-215	LIME	780-790	LIME		
215-240	SAND	790-802	SAND/ VERY LT ODOR		
240-315	SHALE	802-848	SANDY SHALE		
315-326	LIME	848-857	LIME		
326-349	SHALE	857-878	SANDY SHALE		
349-355	LIME	878-879	LIME		
355-420	SAND/ LMY SHALE	879-880	BLACK SHALE		
420-432	SHALE	880-892	SANDY SHALE		
432-444	RED SHALE (RED BED)	892-897	LIME		
444-450	SHALE	897-922	SANDY SHALE		
450-455	LIME	922-924	LIME		
455-476	SHALE	924-925	BLACK SHALE		
476-484	SAND /DAMP	925-932	LIME		
484-494	LIME	932-933	BLACK SHALE		
494-500	SANDY SHALE	933-966	SANDY SHALE		
500-505	LIME	966-967	LIME		
505-522	LMY SHALE	967-970	SANDY SHALE		
511	WENT TO WATER	970-971	LIME		
522-532	LIME	970	CORE POINT		
532-533	COAL / BLK SHALE	971-979	SAND / GOOD OIL SHOW		
533-541	SHALE	979-991	SANDY SHALE / 990 -CORE END		
541-543	LIME	991-1062	SANDY SHALE		
543-545	SHALE	1062	TD		
545-562	LIME				
562-564	BLK SHALE / COAL				
564-572	SHALE				