



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: _____



1098578

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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Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	7/23/2012
Date Completed	7/25/2012

Well No.	Operator	Lease	A.P.I #	County	State
L9	Colt Energy	Mitchell Family	15-107-24607-00-00	Linn	Kansas

Trust					
1/4	1/4	1/4	Sec.	Twp.	Rge.
			36	21	21

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Chris	Oil	4	22' 8" 8 5/8	862	6 3/4

Formation Record

0-8	DIRT	403-416	LIME (OSWEGO)	760-763	SHALE
8-30	LIME	416-419	SHALE	763-772	BLACK SHALE
30-37	SHALE	419-426	LIME	772-778	SAND / OIL SHOW
37-51	LIME	426-428	SHALE	778-780	SHALE / CORE END
51-58	SHALE	428-433	LIME	780-782	SANDY SHALE
58-73	LIME	433-435	BLACK SHALE	782-784	BLK SHALE / COAL
73-76	SHALE	435-436	COAL	784-791	SHALE
76-77	COAL / BLK SHALE	436-451	SHALE	791-803	CHAT
77-82	LIME	451-453	LIME	803-804	COAL / OIL SHOW
82-86	SHALE	453-512	SHALE	804-830	CHAT / OIL SHOW
86-92	SAND	512-513	COAL	830-862	GREY LIME
92-94	SHALE	513-526	SHALE	862	TD
94-103	SAND	526-527	COAL		
103-125	SANDY SHALE	527-541	SHALE		
125-254	SHALE	541-543	COAL		
254-255	COAL	543-570	SHALE		
255-267	SHALE	570-571	COAL		
267-274	RED BED	571-594	SHALE		
274-279	LIME	586	GAS TEST - NO GAS		
279-286	LMY SHALE	594-595	COAL		
286-291	LIME	595-656	SHALE		
291-306	SAND	656-657	COAL		
306-319	SHALE	657-720	SHALE		
319-326	COAL	686	GAS TEST - NO GAS		
326-338	SHALE	711	WENT TO WATER		
338-339	COAL	720-750	SAND		
339-359	LIME	750-756	BLACK SHALE		
359-371	SHALE	756-757	COAL		
371-374	LIME	757-760	SHALE		
374-403	SHALE	760	CORE POINT		



CONSOLIDATED
Oil Well Services, LLC

SCANNED & ENTERED

TICKET NUMBER 37617

LOCATION Furks

FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-107-24607 ✓

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-25-12	1828	Mitchell Family Trust L-9	36	215	21E	Linn
CUSTOMER <u>Cott Energy Inc.</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 388</u>			<u>520</u>	<u>John</u>		
CITY <u>Iola</u>			<u>467</u>	<u>Chris B.</u>		
STATE <u>KS</u>		ZIP CODE <u>66749</u>				

JOB TYPE L/S O HOLE SIZE 6 7/8" HOLE DEPTH 862' CASING SIZE & WEIGHT 4 1/2" 10.5#
 CASING DEPTH 840.75 DRILL PIPE _____ TUBING _____ OTHER 836.75 P87D.
 SLURRY WEIGHT 13.6# SLURRY VOL 28 Bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 4' 55"
 DISPLACEMENT 13.3 Bbls DISPLACEMENT PSI 700 PSI 1100 Bump plug RATE _____

REMARKS: Safety meeting. Rig up to 4 1/2" casing. Break circulation w/ 22 Bbl fresh water pump 6 sks gel-flush, 10 Bbl water spacer, 6 Bbl dye water. Mixed 110 sks OWC cement w/ 1# phenoseal/sk @ 13.6#/gal washout pump + lines, release plug. Displace w/ 13.3 Bbls fresh water. Final pump pressure 700 PSI. Bump plug to 1100 PSI. release pressure, float + plug held. Good cement returns to surface = 8 Bbl slurry to pig. 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
1126	110 sks	OWC cement	18.80	2068.00
1107A	110#	1# phenoseal/sk	1.29	141.90
1119B	300#	gel-flush	.21	63.00
5407A	5.72	tax mileage bulk tax	1.34	383.24
1123	3000 gals	city water	16.50/1000	49.50
4404	1	4 1/2" top cube plug	45.00	45.00
			subtotal	3980.64
			6.3% SALES TAX	149.15
			ESTIMATED TOTAL	4129.79

Ravin 3737

AUTHORIZATION

R.R. Ashlock

TITLE

251589

DATE 7/25/2012

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.