



KANSAS CORPORATION COMMISSION 1098696
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: _____



1098696

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED Oil Well Services, LLC



ENTERED

SCANNED

TICKET NUMBER 37612
LOCATION Eureka
FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT

API # 15-107-24608

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-19-12	1828	Mitchell Family Trust L-11	36	215	21E	Linn
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS Calt Energy Inc. P.O. Box 388			445	Cliff		
			479	Calin		
CITY	STATE	ZIP CODE				
Iola	KS	66749				

JOB TYPE L/S HOLE SIZE 6 3/4" HOLE DEPTH 862' CASING SIZE & WEIGHT 4 1/2" 19.5#
 CASING DEPTH 850' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6# SLURRY VOL 27 BB WATER gal/sk 8.0 CEMENT LEFT in CASING 4'55"
 DISPLACEMENT 13 1/2 Bbl DISPLACEMENT PSI 400 ~~PSI~~ PSI 800 Bump plus RATE _____

REMARKS: Safety meeting. Rig up to 4 1/2" casing. Break circulation w/ 21 Bbl fresh water. Pump 6 sxs gel-flush, 10 Bbl water spacer, 6 Bbl dye water. Mixed 105 sxs OWC cement w/ 1# phenoxal/sx @ 13.6#/gal. washout pump + lines, release plus. Displace w/ 13 1/2 Bbl fresh water. Final pump pressure 400 PSI. Bump plus to 800 PSI. release pressure, float + plus held. Good cement returns to surface = 7 Bbl slurry to pit. 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	0	MILEAGE 2 nd well of 2	n/c	n/c
1126	105 sxs	OWC cement	18.80	1974.00
1107A	105#	1# phenoxal/sx	1.29	135.45
1118B	300#	gel-flush	.21	63.00
5407A	5.46	ton mileage bulk tax	1.34	365.82
4404	1	4 1/2" top rubber plug	45.00	45.00
			Subtotal	3613.27
			SALES TAX <u>6.3%</u>	139.70
			ESTIMATED TOTAL	3752.97

Ravin 3737

AUTHORIZATION R.P. [Signature]

TITLE बिनायसि

DATE 7/19/2012

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

Date Started	7/17/2012
Date Completed	7/19/2012

Well No.	Operator	Lease	A.P.I.#	County	State
L11	Colt Energy	Mitchell Family	15-107-24608-00-00	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
Brantley	Oil	4	21' 9" 8 5/8	862	6 3/4

Formation Record

0-6	DIRT	363-368	LIME	760-763	SHALE / CORE POINT
6-19	LIME	368-369	COAL	763-766	SANDY SHALE
19-26	SANDY LIME	369-397	SHALE	766-769	SAND / GOOD BLEED
26-27	COAL	386	GAS TEST - NO GAS	769-776	SAND
27-41	LIME	397-400	LIME (OSWEGO)	776-782	SANDY SHALE
41-48	SHALE	400-420	SANDY SHALE	782-783	COAL
48-50	COAL	420-426	LMY SHALE	783-785	SHALE
50-52	SHALE	426-428	COAL	785-793	SAND
52-68	LIME	428-442	SANDY SHALE	793-817	MISS. CHAT
68-75	SHALE	442-444	BLACK SHALE	817-862	GREY LIME
75-76	COAL	444-464	SAND	862	TD
76-79	LIME	461	GAS TEST - NO GAS		
79-82	SHALE	464-476	SANDY SHALE		
82-93	LIME	476-478	LIME		
93-251	SHALE	478-515	SHALE		
251-252	COAL	515-517	COAL		
252-263	SHALE	517-532	SANDY SHALE		
263-268	RED BED	532-533	COAL		
268-286	LIME	533-634	SANDY SHALE		
286-320	SANDY SHALE / DAMP	536	GAS TEST - NO GAS		
286	GAS TEST - NO GAS	561	GAS TEST - NO GAS		
320-321	COAL	634-636	COAL		
321-331	SANDY SHALE	636	GAS TEST - NO GAS		
331-334	COAL	636-712	SAND		
334-336	SANDY SHALE	686	GAS TEST - NO GAS		
336	GAS TEST - NO SHOW	712-717	SAND / DAMP		
336-349	LIME (PAWNEE)	717-718	BLK SHALE / COAL		
349-351	LMY SHALE	718-744	SAND		
351-363	SANDY SHALE	744-745	COAL		
361	GAS TEST - NO GAS	745-760	SANDY SHALE / DARK		