



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: _____



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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Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	10/8/2012
Date Completed	10/10/2012



Operator	A.P.I.#	County	State
Colt Energy	15-107-24638-00-00	Linn	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
M11-I	Mitchell Family Trust	25	21	21

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	6	21' 3" 8 5/8	861	6 3/4

Formation Record

Depth	Formation	Depth	Formation	Depth	Formation
0-7	MUD	435-436	BLACK SHALE	861	TD
7-10	SANDY LIME	436-475	SAND		
10-21	LIME	475-515	SHALE		
21-66	LIME	515-517	COAL		
66-70	SHALE	517-530	LIME		
70-72	COAL	530-531	COAL		
72-76	LIME	531-557	SANDY SHALE		
76-83	SAND	557-559	COAL		
83-88	LIME	559-582	LMY SAND		
88-101	SANDY LIME	582-584	COAL		
101-248	SANDY SHALE	584-600	SHALE		
248-249	COAL	600-602	COAL		
249-261	LMY SHALE	602-639	LMY SAND		
261-264	RED SHALE	639-655	LIME		
264-267	SANDY SHALE	655-685	SHALE		
267-284	LIME	685-693	SANDY SHALE		
284-285	SHALE	693-721	SAND		
285-310	SAND	711	G.T.-3#, 3/8"= 6.18 MCF		
310-311	BLACK SHALE	721-732	SANDY SHALE		
311-331	SANDY SHALE	732-766	SAND / DAMP		
331-334	COAL / BLK SHALE	766-786	CORE		
334-341	SANDY SHALE	766-768	LAM. ZEBRA SHALE		
341-345	LIME	768-775	SAND/GOOD OIL SHOW, GAS BLEED		
345-367	SANDY SHALE	775-780	SANDY SHALE		
367-368	COAL	780-785	BLK/GREY SHALE		
368-393	SANDY SHALE	785-786	COAL		
393-394	COAL	785	GAS TEST - SAME		
394-417	SANDY LIME	786-790	BLACK SHALE		
417-425	LIME	790-830	CHAT (MISS.)		
425-435	LMY SHALE	830-861	LIME		



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 35553
LOCATION Eureka
FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT
CEMENT 15-107-24638

APZ#

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
10-10-12	1828	Mitchell Family Trust (828)	25	21	21E	Linn	
CUSTOMER							
MAILING ADDRESS							
CITY		STATE	ZIP CODE				
Calt Energy Inc.		KS	66749				
P.O. Box 388							
Tola							

TRUCK #	DRIVER	TRUCK #	DRIVER
485	Alan m.		
515	Joey		

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 861 CASING SIZE & WEIGHT 4 1/2, 10 1/2 #/ft
 CASING DEPTH 840 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting. Rig up to 4 1/2 casing. Break circulation w/ 15 bbls Fresh water. Pump 10 bbls ahead. Mix 143 sks Class A Cement w/ 2% Gel, 1% CaCl2 & 1/2 phenoseal per sk. Wash out pump & lines. Shut down. Release plug. Pump 1 bbl fresh water. Well lock up. Pressure up well to 2100#. Couldn't pump into. Try to pick up casing w/ pulling unit. Couldn't move casing. Job complete. Rig down. (Had good cement returns to surface) (Plug down around 80')

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	-	MILEAGE 2 nd well N/C	-	-
11045	143 sks	Class A Cement	14.95	2137.85
1118B	270 lb	Gel 2%	.21	56.70
1102	135 lb	CaCl2 1%	.74	99.90
1107A	80 lb	Phenoseal 1/2 th per sk	1.29	103.20
5407	6.82 Ton	Ten Mileage Bulk Truck	1.34	456.94
			Sub Total	3914.49
			SALES TAX	152.93
			ESTIMATED TOTAL	4067.42

Ravin 3737

AUTHORIZATION R. R. Spillich

TITLE 253123

DATE 10/10/2012

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