



KANSAS CORPORATION COMMISSION 1110811  
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: \_\_\_\_\_



1110811

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<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(If no, Submit Copy)</i><br><br>List All E. Logs Run: _____ | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name Top Datum |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

| 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<br>_____ Protect Casing<br>_____ Plug Back TD<br>_____ Plug Off Zone |                  |                |              |                            |
|                                                                                      |                  |                |              |                            |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

|                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                              |                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| DISPOSITION OF GAS:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____<br><input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL:<br>_____<br>_____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|





**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 38221

LOCATION Eureka

FOREMAN Steve Neal

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT API 15-031-23365**

| DATE             | CUSTOMER # | WELL NAME & NUMBER     | SECTION | TOWNSHIP | RANGE | COUNTY |
|------------------|------------|------------------------|---------|----------|-------|--------|
| 11/12/12         | 1828       | Glenc Trust, EdI # K-9 | 36      | 22       | 16E   | CF     |
| CUSTOMER         |            |                        | TRUCK # |          |       |        |
| Colt Energy, Inc |            |                        | 485     | Alan m   |       |        |
|                  |            |                        | 479     | Jim      |       |        |
| MAILING ADDRESS  |            |                        | DRIVER  |          |       |        |
| P.O. Box 388     |            |                        |         |          |       |        |
| CITY             | STATE      | ZIP CODE               |         |          |       |        |
| Iola             | KS         | 66749                  |         |          |       |        |

JOB TYPE Surf. Csg HOLE SIZE 12 1/4 HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 8 5/8  
 CASING DEPTH 42.55 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 5  
 DISPLACEMENT 2.3 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: SAFETY Meeting: Rig up to 8 5/8 casing. Break circulation w/ Fresh water. Mix 30 sks Class A Cement w/ 2% Cade 2% Gel + 1" Phenoseal per sk. Displace with 2.3 bbls Fresh water. Shut well in. Good cement Return to surface. Job Complete Rig down

Thank you

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE       | TOTAL                  |
|--------------|-------------------|------------------------------------|------------------|------------------------|
| 54015        | 1                 | PUMP CHARGE                        | 825.00           | 825.00                 |
| 5406         | 50                | MILEAGE                            | 4.00             | 200.00                 |
| 11045        | 30 sks            | Class A Cement                     | 14.95            | 448.50                 |
| 1102         | 56.4              | Cad 2%                             | .74              | 41.44                  |
| 1118B        | 56.4              | Gel 2%                             | .21              | 11.76                  |
| 1107A        | 30.0              | Phenoseal 1" per sk                | 1.29             | 38.70                  |
| 5407         | 1.41              | Ton mileage Bulkr Truck            | M/C              | 350.00                 |
|              |                   |                                    | <u>Sub Total</u> | <u>1915.40</u>         |
|              |                   |                                    | 6.3%             | SALES TAX <u>34.05</u> |
|              |                   |                                    | ESTIMATED TOTAL  | <u>1949.45</u>         |

Ravin 3737

AUTHORIZATION [Signature]

254633

TITLE \_\_\_\_\_

DATE 11/12/2012

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.



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 38239  
LOCATION Eureka  
FOREMAN Steve Neal

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** APT 15-031-23365 ✓

| DATE                                   | CUSTOMER # | WELL NAME & NUMBER           | SECTION | TOWNSHIP | RANGE   | COUNTY |
|----------------------------------------|------------|------------------------------|---------|----------|---------|--------|
| 11-16-12                               | 1828       | Gleus Trust E&T K-9<br>(852) | 36      | 22       | 16E     | Coffey |
| CUSTOMER<br><u>Colt Energy, Inc</u>    |            |                              | TRUCK # | DRIVER   | TRUCK # | DRIVER |
| MAILING ADDRESS<br><u>P.O. Box 388</u> |            |                              | 485     | Alan M.  |         |        |
| CITY<br><u>Tola</u>                    |            |                              | 611     | Joey     |         |        |
| STATE<br><u>Ks</u>                     |            | ZIP CODE<br><u>66749</u>     |         |          |         |        |

JOB TYPE Longstring HOLE SIZE 6 3/4 HOLE DEPTH 1071 CASING SIZE & WEIGHT 4 1/2 10.5  
 CASING DEPTH 1059' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 16.77 bbls DISPLACEMENT PSI 500\* BUMP MIX PLUG 1000\* RATE \_\_\_\_\_

REMARKS: Safety Meeting Rig up to 4 1/2 casing. Break circulation w/ Fresh water Pump 5 bbls ahead. Mix 135 sks Class A Cement w/ 2% Gel 1% Cacl2, & 1# Phenosal per/sk. Washout pump & lines. Shut down Release Plug Displace with 16.77 bbls Fresh water Final pumping 500\*. Bump Plug 1000\* wait 2 min Release pressure Plug held. Good cement Return to surface. 7 bbl slurry to RT. 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  |
| 1104S        | 135 sks           | Class A Cement                     | 14.95           | 2018.25 |
| 1128B        | 255 #             | Gel 2%                             | .21             | 53.55   |
| 1102         | 130 #             | Cacl2 1%                           | .74             | 96.20   |
| 1107A        | 135 #             | Phenosal 1# per/sk                 | 1.29            | 174.15  |
| 5407A        | 6.35              | Ton Mileage Bulk Truck             | 1.34            | 425.45  |
| 4404         | 1                 | 4 1/2 Top Rubber Plug              | 45.00           | 45.00   |
|              |                   |                                    | SubTotal        | 4042.60 |
|              |                   |                                    | SALES TAX 6.3%  | 150.39  |
|              |                   |                                    | ESTIMATED TOTAL | 4192.99 |

AUTHORIZATION R.R. Applied TITLE \_\_\_\_\_ DATE 11/16/2012

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.