



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1131386

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: _____

1131386

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 ☐ Yes ☐ No
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☐ No

Cores Taken ☐ Yes ☐ No

Electric Log Run ☐ Yes ☐ No

Electric Log Submitted Electronically ☐ Yes ☐ No
(If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
Name Top Datum

CASING RECORD ☐ New ☐ 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 (Amount and Kind of Material Used)	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: ☐ Vented ☐ Sold ☐ Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. (Submit ACO-5) ☐ Commingled (Submit ACO-4) ☐ Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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SCANNED

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	7/13/2012
Date Completed	7/17/2012

Well No.	Operator	Lease	A.P.I #	County	State
N13	Colt Energy	Mitchell Family	15-107-24612-00-00	Linn	Kansas

Trust					
1/4	1/4	1/4	Sec.	Twp.	Rge.
			25	21	21

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Brantley	Oil	4	21'7" 8 5/8	790	6 3/4

Formation Record

0-6	DIRT	652-720	SANDY SHALE		
6-21	LIME	686	GAS TEST - NO GAS		
21-50	LIME	711	GAS TEST - NO GAS		
50-60	SHALE	720-755	SAND / DAMP		
60-100	LMY SHALE	755-757	BLK SHALE / COAL		
100-270	SANDY SHALE	757-758	COAL		
270-277	SHALE / RED BED	758-770	SAND		
277-292	LIME	770-776	SANDY SHALE / CORE POINT		
292-335	SANDY SHALE	776-785	SAND		
335-336	COAL	785-790	DARK SHALE		
336-342	SHALE	790	TD		
342-354	LIME (PAWNEE)				
354-370	SHALE				
370-374	LIME				
374-375	BLK SHALE / COAL				
375-400	SANDY SHALE				
400-410	LIME (OSWEGO)				
410-426	SHALE				
426-436	LIME				
436-438	BLK SHALE / COAL				
438-541	SHALE				
541-542	LIME				
542-543	BLK SHALE / COAL				
543-544	LIME				
544-596	SHALE				
596-597	BLK SHALE / COAL				
597-641	SANDY SHALE				
641-645	BLACK SHALE				
645-650	DARK SHALE				
650-652	LIME				



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

FIELD TICKET & TREATMENT REPORT
CEMENT API

TICKET NUMBER 37611
LOCATION EUREKA
FOREMAN RICK LEDFORD

DATE		CUSTOMER #		WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
7-19-12		1828		Mitchell Family Trust N-13		25	215	21E	Linn
CUSTOMER									
Colt Energy Inc.									
MAILING ADDRESS									
P.O. Box 388									
CITY		STATE		ZIP CODE					
Ida		KS		666249					
						TRUCK #	DRIVER	TRUCK #	DRIVER
						445	Cliff		
						510	Don Detweiler	(Ottawa)	

JOB TYPE <u>L/S</u>	HOLE SIZE <u>6 3/4"</u>	HOLE DEPTH <u>770'</u>	CASING SIZE & WEIGHT <u>4 1/2" 11.5#</u>
CASING DEPTH <u>746"</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT <u>13.6#</u>	SLURRY VOL <u>30 Bbl</u>	WATER gal/sk <u>6.5</u>	CEMENT LEFT in CASING <u>4' 5"</u>
DISPLACEMENT <u>12.2 Bbl</u>	DISPLACEMENT PSI <u>400</u>	MAX PSI <u>800 Bup plug</u>	RATE _____

REMARKS: Safety meeting - Rig up to 4 1/2" casing w/ wash head. Wash down 8' to PRTD. Pump 6 sacks gel/flush, 10 Bbl water spacer, 5 Bbl dye water. Mixed 110 sacks class A cement w/ 2% gel, 1% casing + 1% phenosan/lb @ 13.4#/gal. Washout pump & lines, release plug. Displace w/ 12.2 Bbl fresh water. Final pump pressure 400 PSI. Pump plug to 800 PSI release pressure, float & plug held. Band cement returns to surface = 2 Bbl slurry to pit. Job complete. Rig down.

[illegible]

Rayin 3737

AUTHORIZTION

TITLE

DATE 7/18/2012

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.