



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
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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: \_\_\_\_\_



1154523

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

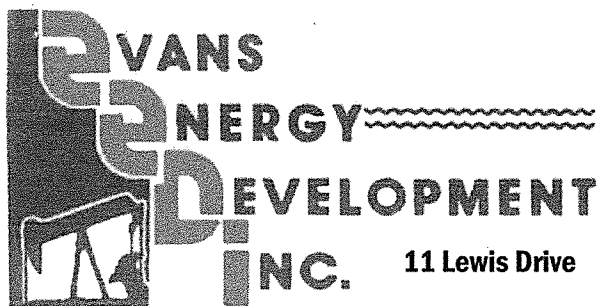
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling  
Water Wells  
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

**WELL LOG**

Colt Energy, Inc.

Conger #M9-i ✓

API #15-001-30,611

June 24 - July 1, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
4	lime & soil	4
21	lime	25
26	shale	51
8	lime	59
41	shale	100
15	lime	115
9	shale	124
35	lime	159
3	shale	162
21	lime	183
7	shale	190
3	lime	193
2	shale	195
18	lime	213
4	shale	217
31	lime	248 base of the Kansas City
29	shale	277
37	sand	314 grey
81	shale	395
2	lime	397
27	shale	424
14	lime	438
6	shale	444
9	lime	453
16	shale	469
7	sand	476 grey
5	shale	481
10	sand	491
30	shale	521
3	lime	524
1	coal	525
4	shale	529
21	lime	550
4	shale	554
6	lime	560
7	shale	567
4	lime	571

23	shale	594
19	lime	613 oil show
7	shale	620
1	coal	621
4	shale	625
4	lime	629
74	shale	703
1	coal	704
1	shale	705
2	lime	707
13	shale	720
3	lime	723
1	coal	724
31	shale	755
1	coal	756
19	shale	775
9	oil sand	784 brown, ok bleeding
21	shale	805
1	coal	806
14	shale	820
8	silty shale	828
5	sand	833 grey, no oil
2	broken sand	835 brown & grey, light bleeding
11.5	oil sand	846.5 light brown, a few bleeding seams
6.5	oil sand	853 brown, ok bleeding
2	broken sand	855 brown & grey, no bleeding
17	oil sand	872 brown, 80% bleeding
41	shale	913
1	coal	914
15	shale	929
11	sand	940 grey, no oil
8	shale	948
6	sand	954
51	shale	1005
32	lime	1037 Mississippi, oil show 1011 1037 TD

Drilled a 12 1/4" hole to 20.8'.  
Drilled a 6 1/2" hole to 1037'.



**CONSOLIDATED**  
Oil Well Services, LLC



TICKET NUMBER 43241 ✓  
LOCATION Eureka KS  
FOREMAN Shannon Feck

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** API # 15-001-30611

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-2-13	1828	Conger M9-i	14	25	19	Allen
CUSTOMER <u>Colt Energy Inc</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			445	Dave G		
CITY <u>Idola</u> STATE <u>KS</u> ZIP CODE			611	Joey K		

JOB TYPE 4/5 HOLE SIZE 6.75 HOLE DEPTH 1037 CASING SIZE & WEIGHT 4 1/2" @ 10.5 #/ft  
CASING DEPTH 941.8 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 4'  
DISPLACEMENT 15 Bbl DISPLACEMENT PSI 300 MIX PSI 700 Bump Plug RATE \_\_\_\_\_

REMARKS: Rig up to 4 1/2" casing, Break circulation, mixed 400 # gel Flush  
5 Bbl H2O spacer, 5 Bbl dye H2O, mixed 135 sks class "A" cement  
w/ 2% gel + 1% calcium. Shut down wash out pump + lines, displace  
w/ 1 Bbl H2O, Final pumping pressure of \_\_\_\_\_ psi, bumped plug @ \_\_\_\_\_ psi.  
Plug + Float held. Good circulation @ all times, 8 Bbl Slurry to bit.  
Job complete.

"Thanks Shannon + crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	50	MILEAGE	4.20	210.00
1104S	135 sks	class "A" cement	15.70	2119.50
1118B	255 #	Gel @ 2%	.22	56.10
1102	130 #	calcium @ 1%	.78	101.40
1107A	135 #	phenoseal @ 1 #/sk	1.35	182.25
1118B	400 #	Gel Flush	.22	88.00
5407A	6.35 Tons	Ton mileage bulk Truck	1.41	447.68
4404	1	4 1/2 Top Rubber Plug	47.25	47.25
			SubTotal	4337.18
			SALES TAX	191.99
			ESTIMATED TOTAL	4529.17

260 319

7.40%

AUTHORIZATION R.R. [Signature]

TITLE \_\_\_\_\_

DATE 7/2/2013

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.