



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1158334

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 Date Reached TD Completion Date or
Recompletion Date 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: _____

1158334

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 <div style="display: flex; justify-content: space-between;"> Name Top Datum </div>
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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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.			Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Finney Drilling Company

102685 W. 100 Road
Wann, OK 74083

INVOICE

6/10

Invoice Number: 773
Invoice Date: May 20, 2013
Page: 1

PHONE: 620-330-1420

KCC#: 5989

Federal ID#: 48-0925903

SCANNED

Bill To:

COLT ENERGY, INC.
P.O. BOX 388
IOLA, KS 66749

CUSTOMER ID#	LEASE AND WELL NUMBER	COUNTY	Due Date
COLT	KIRK LEASE KL4	ALLEN	6/19/13

Quantity	Description	Unit Price	Amount
7.00	5/10/13- RIG TIME- Kirk Lease #KF1 - Move Rig to KF1, rig up, trip in drill pipe to 882'. Drill plug and cement from 882' to 912'. Open hole to 914'. Drill from 914' to 920', trip out. Run in core barrel, core from 920' to 936'. Trip out barrel, lay core out, log well.	200.00	1,400.00
3.00	5/13/13- RIG TIME- Trip in underreamer. Underream from 913' to 936'. Trip out, rig down.	200.00	600.00
8.00	5/14/13- RIG TIME- Kirk Lease #KF2 - Move Rig to KF2, rig up, trip in drill pipe, drill cement and plug from 887' to 925'. Trip out, trip in core barrel. Core from 925' to 935', trip out core barrel, lay core out. Trip in core barrel, core from 935' to 960'. Trip out core barrel, lay core out, rig down	200.00	1,600.00
2.00	5/14/13- RIG TIME- Kirk Lease #KJ3- Move rig to KJ3, rig up, trip in drill pipe to 913'.	200.00	400.00
5.00	5/15/13- RIG TIME- Drill cement and plug from 913' to 935'. Drill from 935' to 937', trip out, trip in core barrel. Core from 935' to 960', trip out. Lay out core, rig down	200.00	1,000.00
5.00	5/15/13- RIG TIME- Kirk Lease KL4 - Move Rig to KL4,	200.00	1,000.00
Subtotal			Continued
Sales Tax			Continued
Total Invoice Amount			Continued
Payment/Credit Applied			
TOTAL			Continued

MAY 24 2013

Finney Drilling Company

402685 W. 100 Road

Wann, OK 74083

INVOICE

Invoice Number: 773

Invoice Date: May 20, 2013

Page: 2

PHONE: 620-330-1420

KCC#: 5989

Federal ID#: 48-0925903

Bill To:COLT ENERGY, INC.
P.O. BOX 388
IOLA, KS 66749

CUSTOMER ID#	LEASE AND WELL NUMBER	COUNTY	Due Date
COLT	KIRK LEASE <i>KL4 Continued</i>	ALLEN	6/19/13

Quantity	Description	Unit Price	Amount
<i>KL4</i> <i>Post</i> 4.00	trip in, drill pipe to 924'. Drill plug and cement to 965'. Drill sand and shale to 969'. Trip out drill pipe. 5/16/13- RIG TIME- Trip in core barrel, core from 969' to 982'. Trip out core barrel, lay core out, trip in underreamer. Underream from 965' to 981'. Trip out, rig down.	<i>D13019109</i> 200.00	800.00
5.00	5/16/13- RIG TIME- Kirk Lease #KL6 - Move Rig to KL6, trip in drill pipe, drill plug and cement from 932' to 968'. Trip out, trip in core barrel. Core from 968' to 979', trip out core barrel. Lay out core.	<i>D13020109</i> 200.00	1,000.00
4.00	5/17/13- RIG TIME- Log well, trip in underreamer. Underream from 961' to 971'. Trip out, rig down.	<i>D13020109</i> 200.00	800.00

Subtotal	8,600.00
Sales Tax	
Total Invoice Amount	8,600.00
Payment/Credit Applied	
TOTAL	8,600.00

[illegible]



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 41530

LOCATION Eureka

FOREMAN Steve M...

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

FIELD TICKET & TREATMENT REPORT
CEMENT

APZ 15-001-30664

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-6-13	1828	Hick # KL-4	9	24	18E	Allen
CUSTOMER Colt Energy Inc						
MAILING ADDRESS P.O. Box 388						
CITY Zola	STATE KS	ZIP CODE 66749				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			485	Alann		
			479	Colby		
			637	Jim		

JOB TYPE Longstring HOLE SIZE 6 3/4 HOLE DEPTH 965 CASING SIZE & WEIGHT 4 1/2", 10 lb/ft
CASING DEPTH 962.55 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 35'
DISPLACEMENT 14.9 bbls DISPLACEMENT PSI 500* MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2 casing. Break Circulation w/ Fresh Water.
Pump 150' Gel flush + 5 bbls water spacer. Mix 135 sks Class A cement by 2% Gel, 1% Cactz + 1" Phenoseal per sk. Washout pump + lines. Shut down.
Release plug. Displace w/ 14.9 bbls Fresh water. Stop plug AT 922'.
Final pump pressure 500*. Shut well in 500*. Good cement returns
To surface. 6 bbl 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	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 #	Cactz 1%	.78	101.40
1107A	135 #	Phenoseal 1" per sk	1.35	182.25
1118B	150 #	Gel flush	.22	33.00
5407A	6.35	Ten Mileage Bulk Truck	1.41	447.68
5502C	3 1/2 hrs	80 bbl Vacuum Truck	90.00	315.00
1123	3000 gallons	City Water	1230/1000	51.90
4404	1	4 1/2 Top Rubber plug.	47.25	47.25
		Sub Total		4649.08
		SALES TAX		195.66
		ESTIMATED TOTAL		4844.74

258560

2.55%

Ravin 3737

AUTHORIZATION

R. R. Miller

TITLE

DATE 5/6/2013

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