



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1160509

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: _____

1160509

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: <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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Finney Drilling Company
402685 W. 100 Road
Wann, OK 74083

INVOICE

9/30

Invoice Number: 794
Invoice Date: Sep 3, 2013
Page: 1

PHONE: 620-330-1420
KCC#: 5989
Federal ID#: 48-0925903

Bill To:

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

SCANNED

CUSTOMER ID#	LEASE AND WELL NUMBER	COUNTY	Due Date
COLT	Moline Lease	ALLEN	10/3/13

Quantity	Description	Unit Price	Amount
1.00	RIG TIME- 8/1/13 - Move rig to MOLINE. Rig up on MG-1	200.00	200.00
	RIG TIME- 8/6/13 - Rig down, move rig to high ground.	200.00	
	Kirk shop		
7.00	RIG TIME- 8/19/13 - Move rig to MOLINE. Rig up on MG-1, trip in 823' of pipe. Drill plug and cement to 857'. Clean hole, trip out. Trip in core barrel, core from 857' to 865', trip out. Lay core on tray. Log well.	200.00	1,400.00
3.00	RIG TIME- 8/20/13 - Run in under reamer, reamed from 855' to 865'. Cleaned hole, trip out, rig down.	200.00	600.00

126000
D13035109

Subtotal	2,200.00
Sales Tax	
Total Invoice Amount	2,200.00
Payment/Credit Applied	
TOTAL	2,200.00

SEP 5 2013



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

ENTERED

TICKET NUMBER 43247
LOCATION Eureka KS
FOREMAN Shannon Feck

FIELD TICKET & TREATMENT REPORT

CEMENT 15-001-30700

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/16/13	1828	Moline MG-1	15	24	18E	Allen
CUSTOMER Colt Energy, Inc						
MAILING ADDRESS P.O. Box 388			TRUCK #	DRIVER	TRUCK #	DRIVER
			445	Dave G		
			611	Joey K		
CITY Iola						
STATE KS		ZIP CODE				

JOB TYPE <u>4/5</u>	HOLE SIZE <u>6.75</u>	HOLE DEPTH <u>857</u>	CASING SIZE & WEIGHT <u>4 1/2, 10.5#/ft.</u>
CASING DEPTH <u>852'</u>	DRILL PIPE <u>—</u>	TUBING <u>—</u>	OTHER <u>—</u>
SLURRY WEIGHT <u>13.6 #</u>	SLURRY VOL <u>—</u>	WATER gal/sk <u>6.5</u>	CEMENT LEFT in CASING <u>25'</u>
DISPLACEMENT <u>13.4 Bbl</u>	DISPLACEMENT PSI <u>300</u>	MIX PSI <u>300 shut in</u>	RATE <u>Displace @ 3-4 Bbl/min</u>

REMARKS: Rig up to 4½" casing, Break circulation, mixed 400# gel flush, 10 Bbl H₂O spacer. Mixed 115 SKS class 'A' cement w/ 20% gel, 1% calcium & 2 # phenoseal/sk @ 13.6#/gal. Shot down wash out pump & lines, displace w/ 13.4 Bbl, stopped plug w/ wireline @ 821'. Final pumping pressure of 300 psi. Good circulation @ all times, 8 Bbl slurry to pit. Job complete.

"Thanks Shannon & crew"

[illegible]

Bayin 3737

260018

AUTHORIZATION

TITLE

DATE 7/16/2018

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.