



KANSAS CORPORATION COMMISSION 1169007
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: _____



1169007

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
_____ 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 <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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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 <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Finney Drilling Company
 402685 W. 100 Road
 Wann, OK 74083

INVOICE

9/30

Invoice Number: 795
 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 MF	ALLEN	10/3/13

Quantity	Description	Unit Price	Amount
6.00	RIG TIME- 8/20/13 - Rig up on MOLINE MF2. Trip in pipe to 838', drill plug and cement to 864'. Clean hole, trip out, run in core barrel. Core from 864' to 870', trip out core barrel. Lay core in tray. Log well	200.00	1,200.00
3.00	RIG TIME- 8/21/13 - Run in under reamer, ream from 864' to 869'. Clean hole, trip out, rig down. Move rig.	200.00	600.00

Rated

126000
D12086109

Subtotal	1,800.00
Sales Tax	
Total Invoice Amount	1,800.00
Payment/Credit Applied	
TOTAL	1,800.00

SEP 5 RECD



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 43270
LOCATION Eureka
FOREMAN Rick Lafford

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

FIELD TICKET & TREATMENT REPORT

CEMENT API# 15-001-30585

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-12-13	1828	Moline # MF-2	15	24	18E	Allen
CUSTOMER						
MAILING ADDRESS						
CITY						
STATE						
ZIP CODE						
JOB TYPE						
HOLE SIZE						
HOLE DEPTH						
CASING SIZE & WEIGHT						
CASING DEPTH						
SLURRY WEIGHT						
SLURRY VOL						
WATER gal/sk						
CEMENT LEFT in CASING						
DISPLACEMENT						
DISPLACEMENT PSI						
MAX PSI						
RATE						

CUSTOMER: Colt Energy
MAILING ADDRESS: P.O. Box 388
CITY: Iola STATE: Ks
JOB TYPE: L/S HOLE SIZE: 6 3/4" HOLE DEPTH: 864' CASING SIZE & WEIGHT: 4 1/2", 10.5#/ft.
CASING DEPTH: 859.70 DRILL PIPE: _____ TUBING: _____ OTHER: _____
SLURRY WEIGHT: 13.6# SLURRY VOL: 28 Bbl WATER gal/sk: 6.5 CEMENT LEFT in CASING: 23'
DISPLACEMENT: 13.5 Bbl DISPLACEMENT PSI: 300 MAX PSI: 300# shut in RATE: 3 Bbl

REMARKS: Safety meeting - Rig up to 4 1/2" casing. Break circulation w/ 5 Bbl fresh water. Pump 800# gel-flush, 5 Bbl water spacer, 6 Bbl dye water. Mixed 115 SKS Class A cement w/ 2% gel, 1% cacl2 + 2# phenoseal/sk @ 13.6#/gal. Washout pump & lines release plug. Displace w/ 13.5 Bbl fresh water to 837' followed plug w/ wireline. Final pump pressure 300 PSI. Closed well in @ 300 PSI. Good cement returns to surface = 6 Bbl slurry 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
11043	115 SKS	class A cement	15.70	1805.50
1118B	215#	2% gel	.22	47.30
1102	110#	1% cacl2	.78	85.80
1107A	230#	2# phenoseal/sk	1.35	310.50
1118B	200#	gel-flush	.22	44.00
5407A	5.41	tan mileage bus & truck	1.41	381.41
4404	1	4 1/2" top rubber plug	47.25	47.25
			subtotal	4016.76
			7.4% SALES TAX	173.80
			ESTIMATED TOTAL	4189.96

Ravin 3737

260662

AUTHORIZATION R.R. Lafford TITLE _____ DATE 7/12/2013

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.