



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1173847  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
August 2013

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
- Plug Back       Conv. to GSW       Conv. to Producer
- 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

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx)      (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical 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

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

1173847

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

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

<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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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**Finney Drilling Company**  
 402685 W. 100 Road  
 Wann, OK 74083

# INVOICE

9/30

Invoice Number: 792  
 Invoice Date: Sep 3, 2013  
 Page: 1

PHONE: 620-330-1420

KCC#: 5989

Federal ID#: 48-0925903

<b>Bill To:</b>
COLT ENERGY, INC. P.O. BOX 388 IOLA, KS 66749

SCANNED

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

Quantity	Description	Unit Price	Amount
2.00	RIG TIME- 7/26/13 - Move rig to CLINE LEASE. Rig up on E5	200.00	400.00
8.00	RIG TIME- 7/29/13 - Trip in pipe to 873', drill plug and cement to 892'. Wash down to 894.50. Clean hole, trip out, log well. Trip in under reamer, ream from 880' to 894.50'. Clean hole, trip out, rig down.	200.00	1,600.00

*DD Bosted*

122000  
 D13040109

Subtotal	2,000.00
Sales Tax	
Total Invoice Amount	2,000.00
Payment/Credit Applied	
<b>TOTAL</b>	<b>2,000.00</b>

SEP 5 REC'D





**CONSOLIDATED**  
Oil Well Services, LLC

**FIELD**

TICKET NUMBER 43261  
LOCATION Eureka  
FOREMAN Rick Ledford

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** API# 15-001-30701

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
<u>7-8-13</u>	<u>1928</u>	<u>Cline # E-5</u>	<u>16</u>	<u>24</u>	<u>18E</u>	<u>Allen</u>
CUSTOMER <u>Colt Energy</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 388</u>			<u>445</u>	<u>Chris B.</u>		
CITY <u>Iola</u>			<u>479</u>	<u>Colby</u>		
STATE <u>KS</u>		ZIP CODE				

JOB TYPE L/S 0 HOLE SIZE 6 3/4" HOLE DEPTH 893 CASING SIZE & WEIGHT 4 1/2", 10.5#/ft  
 CASING DEPTH 888.70 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.6" SLURRY VOL 30 Bbl WATER gal/sk 6.5 CEMENT LEFT in CASING 25'  
 DISPLACEMENT 13.7 Bbl DISPLACEMENT PSI 500 MAX PSI 400 shut in RATE \_\_\_\_\_

REMARKS: Safety meeting - Rig up to 4 1/2" casing w/ wireline. Break circulation w/ 5 Bbl fresh water. Mixed 150# gel-flush, 6 Bbl dye water. Mixed 125 sacks class A cement w/ 2% gel, 1% cacl2 & 2" phenosan/yr @ 13.6"/gal. washout pump & lines, release plug. Displace w/ 13.7 Bbl fresh water to 865'. followed plug w/ wireline. Final pump pressure 500 PSI. Closed well in @ 400 PSI. Good cement returns to surface = 5 Bbl slurry to pit. Job complete. Rig down

.. Thank you ..

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>5401</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>1085.00</u>	<u>1085.00</u>
<u>5406</u>	<u>50</u>	<u>MILEAGE</u>	<u>4.20</u>	<u>210.00</u>
<u>11045</u>	<u>125 sacks</u>	<u>class A cement</u>	<u>15.70</u>	<u>1962.50</u>
<u>11186</u>	<u>235"</u>	<u>2% gel</u>	<u>.22</u>	<u>51.70</u>
<u>1102</u>	<u>119"</u>	<u>1% cacl2</u>	<u>.78</u>	<u>92.04</u>
<u>1107A</u>	<u>250"</u>	<u>2" phenosan/yr</u>	<u>1.35</u>	<u>337.50</u>
<u>11188</u>	<u>150"</u>	<u>gel-flush</u>	<u>.22</u>	<u>33.00</u>
<u>5407A</u>	<u>5.89</u>	<u>ton mileage bulk truck</u>	<u>1.41</u>	<u>414.54</u>
<u>4404</u>	<u>1</u>	<u>4 1/2" top rubber plug</u>	<u>47.25</u>	<u>47.25</u>
			Subtotal	<u>4239.53</u>
			SALES TAX <u>7.9%</u>	<u>186.79</u>
			ESTIMATED TOTAL	<u>4426.32</u>

Revin 3737

260359

AUTHORIZATION R.R. Ledford TITLE \_\_\_\_\_ DATE 7/08/2013

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.