



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1173963
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: _____

1173963

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 <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 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				

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)*

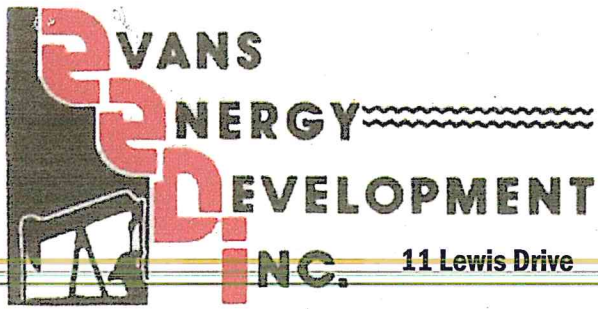
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Oil & Gas Well Drilling
 Water Wells
 Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Colt Energy, Inc.

Knoble #KD2

API #15-001-30,698 ✓

July 24 - July 25, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
63	lime	63
61	shale	124
47	lime	171
12	shale	183
7	lime	190
10	shale	200
5	lime	205
50	shale	255
58	lime	313
4	shale	317
25	lime	342
3	shale	345
17	lime	362
25	shale	387
36	sand	423
81	shale	504
6	lime	510
6	silty shale	516
23	shale	539
3	lime	542
19	shale	561
9	lime	570
5	shale	575
2	lime	577
2	shale	579
19	sand	598 grey, no oil
10	shale	608
2	lime	610
23	shale	633
4	lime	637
2	coal	639
6	lime	645
2	shale	647
6	lime	653
9	shale	662
3	lime	665
14	shale	679
17	lime	696
4	shale	700

6	lime	706
4	shale	710
4	lime	714
4	shale	718
3	lime	721
5	shale	726
6	broken sand	732 brown & green, ok bleeding
23	shale	755
3	lime	758
26	shale	784
1	lime	785
38	shale	823
24	broken sand	847 brown & grey, no show
4	shale	851
37	broken sand	888 brown & grey, no show
12	shale	900
1	coal	901
40	shale	941 TD

Drilled a 12 7/8" hole to 21.5'

Drilled a 6 3/4" hole to 941'

Set 21.5' of 8 5/8" ~~no~~ cement.

*Set cement by
C. H.*

Finney Drilling Company
 402685 W. 100 Road
 Wann, OK 74083

INVOICE

9/30

Invoice Number: 798
 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

Posted

CUSTOMER ID#	LEASE AND WELL NUMBER	COUNTY	Due Date
COLT	Knoble KD-2	ALLEN	10/3/13

Quantity	Description	Unit Price	Amount
8.00	RIG TIME- 8/23/13 - Move rig to KNOBLE KD-2. Rig up, run in 908' of pipe. Drill plug and cement to 941'. Clean hole, trip out, run in core barrel. Core from 941' to 951'. Trip out, lay core in tray. Log well.	200.00	1,600.00
3.00	RIG TIME- 8/26/13 -Run in under reamer, ream from 939' to 951'. Clean hole, trip out, rig down. Move rig.	200.00	600.00

124000
 D13043109

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

SEP 5 REC'D



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 43330

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 15-001-30698

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/26/13	1828	Annoble #110-2	4	24	18E	Allen
CUSTOMER <u>Colt Energy, Inc</u>			Gus Jones			
MAILING ADDRESS <u>P.O. Box 388</u>						
CITY <u>Iola</u>		STATE <u>KS</u>	ZIP CODE			
TRUCK #		DRIVER		TRUCK #		DRIVER
445		Dave G				
515		Merle R				

JOB TYPE 45 0 HOLE SIZE 6.75" HOLE DEPTH 941' CASING SIZE & WEIGHT 4 1/2, 9.5#/ft
 CASING DEPTH 938' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.2# SLURRY VOL _____ WATER gal/sk 6.5 CEMENT LEFT in CASING 25'
 DISPLACEMENT 14.9 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE Displace @ 5BPM

REMARKS: Rig up to 5 1/2" casing, mited 250# Gel flush lightly, brought to surface, mited 150# gel flush, 5 Bbl H2O spacer, 5 Bbl dye water, mited 110 SKS class "A" cement w/ 20% gel & 1% calcium, + 1# Phenoseal/sk. Shut down wash out pump & lines & displace w/ 14.9 Bbl, stop plug w/ wireline @ 93'. Shut well in @ 250psi. Good circulation @ all times, 10 Bbl Slurry to pit. 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
11045	110 SKS	Class "A" Cement	15.70	1727.00
1102	104 #	Calcium @ 1 %	.78	81.12
1118B	208 #	Gel @ 2 %	.22	45.76
1107A	110 #	Phenoseal @ 1#/sk	1.35	148.50
5407	5.17 Tons	Ton mileage bulk Truck	m/c	368.00
1118B	400 #	Gel flush	.22	88.00
4404	1	4 1/2" Rubber plug	47.25	47.5
			Sub Total	3800.63
			7.40% SALES TAX	158.19
			ESTIMATED TOTAL	3958.82

Ravin 3737

261012

AUTHORIZATION R.A. Ashlock

TITLE _____

DATE 7/26/2013

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.