



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1174166  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_

1174166

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
--	---

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
----------------	-------	---------	------------	---

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> _____
---	--

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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	--	---

Mud Rotary Drilling  
Andrew King - Manager/Driller

Bar Drilling, LLC  
Phone: (719) 210-8806

1317 105th Rd.  
Yates Center, KS 66783

<b>Company/Operator</b> Colt Energy Inc. P.O. Box 388 Iola, KS 66749		<b>Well No.</b> GH-1	<b>Lease Name</b> Cline	<b>Well Location</b> 1293FNL, 209FEL	<b>1/4</b> SE	<b>1/4</b> NE	<b>1/4</b> NE	<b>Sec.</b> 16	<b>Twp.</b> 24S	<b>Rge,</b> 18E	
<b>Job/Project Name/No.</b>		<b>Well API #</b> 15-001-30847	<b>Type/Well</b> Oil	<b>County</b> Allen	<b>State</b> KS	<b>Total Depth</b> 980'	<b>Date Started</b> 11/6/2013	<b>Date Completed</b> 11/14/2013			
<b>Driller/Crew</b> Andy King		<b>Surface Record</b>		<b>Bit Record</b>		<b>Coring Record</b>					
	<b>Bit Size:</b>	11 1/4	<b>Type</b> PDC	<b>Size</b> 11 1/4	<b>From</b> 0'	<b>To</b> 21.6'	<b>Core #</b> 1	<b>Size</b> 2 1/8"	<b>From</b> 860	<b>To</b> 876	<b>% Rec.</b>
	<b>Casing Size:</b>	8 5/8	<b>Type</b> PDC	<b>Size</b> 6 3/4	<b>From</b> 21.6'	<b>To</b> 980'	<b>Core #</b> 2	<b>Size</b> 2 1/8"	<b>From</b> 876	<b>To</b> 894	
	<b>Casing Length:</b>	21.6'									
	<b>Cement Used:</b>	8 sx									
	<b>Cement Type:</b>	Portland									

**Formation Record**

From	To	Formation	From	To	Formation	From	To	Formation
0	18	Soil/Clay						
18	63	Lime						
63	96	Sandy/Shale						
96	99	Lime						
99	143	Shale						
143	203	Lime						
203	206	Shale						
206	231	Lime						
231	237	Shale						
237	259	Lime						
259	425	Shale						
425	458	Lime						
458	553	Shale						
553	615	Lime						
615	624	Shale						
624	629	Lime						
629	761	Sandy/Shale						
761	775	Light Brown Sand, some shale						
775	822	Grey Sandy Shale						
822	851	Soft Shale, Muddy						
851	860	Broken Sand, Oil show						
860	876	Core #1						
876	894	Core #2						
894	980	Sand						

Well Notes:



**CONSOLIDATED**  
Oil Well Services, LLC

264005

TICKET NUMBER 45223

LOCATION Eureka

FOREMAN Steve Mead

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

15-001-30847 ✓

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/14/13	1828	Cline # GH-1	16	24	18E	Allen
CUSTOMER <u>Colt Energy, Inc.</u>						
MAILING ADDRESS <u>P.O. Box 388</u>						
CITY <u>Iola</u>		STATE <u>KS</u>	ZIP CODE <u>66749</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>485</u>	<u>Alvin</u>		
			<u>429</u>	<u>Merle</u>		

JOB TYPE 45 0 HOLE SIZE 6 3/4 HOLE DEPTH 980' CASING SIZE & WEIGHT 4 1/2", 10.5 #/ft  
 CASING DEPTH 951' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT In CASING \_\_\_\_\_  
 DISPLACEMENT 15 bbls DISPLACEMENT PSI 600<sup>F</sup> MIX PSI Bump plug 1100<sup>F</sup> RATE \_\_\_\_\_

REMARKS: SAFTY Meeting: Rig up to 4 1/2 casing. Break circulation w/ 15 bbls water. Pump 130 # Gel Flush + 5 bbl water spacer. Mix 135 sks Class A CEMENT w/ 2% Gel, 1% CaCl2 + 1 # phenoseal per/sk. Washout pump + Lines. Shut down Release plug. Displace w/ 15 bbls Fresh water Final Pumping Pressure 600<sup>F</sup> Bump Plug 1100<sup>F</sup>. Wait 2 min Release Pressure Plug held. Good Cement Returns. 12 bbl Top it.  
Sub 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 ✓
11045	135 sks	Class A Cement	15.70	2119.50 ✓
1118B	255 #	Gel 2%	.22	56.10 ✓
1102	130 #	CaCl2 1%	.78	101.40 ✓
1107A	135 #	Phenoseal 1 # per/sk	1.35	182.25 ✓
1118B	150 #	Gel Flush	.22	33.00 ✓
5407A	6.35 ton	Ton Mileage Bulk Truck	241	447.67 ✓
4404	1	4 1/2 Rubber plug	47.25	47.25 ✓
completed				
			SubTotal	4282.17 ✓
			7.40% SALES TAX	187.92 ✓
			ESTIMATED TOTAL	4470.09 ✓

Ravin 3737

AUTHORIZATION R.R. Allock

TITLE \_\_\_\_\_

DATE 11/14/2013

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