



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1185749
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: _____

1185749

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

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Company/Operator Colt Energy Inc.		Well No. L-4	Lease Name Cline	Well Location 2835FNL 1082'FEL		1/4 NW	1/4 NW	1/4 NE	Sec. 16	Twp. 24S	Rge, 18E
P.O. Box 388 Iola, KS 66749		Well API # 15-001-30851-00-00		Type/Well Oil		State KS	Total Depth 1080		Date Started 11/20/2013	Date Completed 11/25/2013	
Job/Project Name/No.		Surface Record			Bit Record			Coring Record			
Driller/Crew Andy King	Bit Size: 11 1/4	Casing Size: 8 5/8	Casing Length: 20'	Type PDC	Size 11 1/4	From 0'	To 20'	Core # 1	Size 2 1/8"	From 874	To 882
Cement Used: 8 sx				PDC	6 3/4	20'	1080	2	2 1/8"	896	904
Cement Type: Portland											

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	14	soil/clay	882	890	light brown sand			
14	65	Lime	890	894	broken sand			
65	83	shale	894	896	oil sand			
83	91	Lime	896	904	core			
91	134	Shale	904	910	oil sand			
134	202	Lime	910	925	grey sand			
202	205	Shale	925	940	oil sand			
205	250	Lime	940	950	sand less oil			
250	423	Shale	950	1009	grey sand			
423	457	Lime	1009	1017	shale			
457	534	sandy shale	1017	1030	chat			
534	537	Lime	1030	1041	lime			
537	551	Shale	1041	1044	soft lime			
551	556	Lime	1044	1045	lime			
556	565	Shale	1045	1047	soft lime			
565	604	Lime	1047	1055	lime			
604	720	sandy shale	1055	1057	hard lime			
720	840	shale	1057	1069	lime			
840	850	light grey sand some graymuck	1069	1080	hard lime			
850	859	grey sand		1080	TD			
859	860	lime						
860	862	oil sand good bleed						
862	874	grey sandy shale odor						
874	882	shale						

Well Notes:



CONSOLIDATED
Oil Well Services, LLC

264331

TICKET NUMBER 44852

LOCATION Ottawa

FOREMAN Alan Maden

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-001-30851

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/25/13	1828	Cline # L-4	NE 16	24	18 E	Allen
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Colt Energy, Inc			730	Al Mad	Safety	Meer
MAILING ADDRESS			568	Al Mad		
1112 Rhode Island			548	Mik Hag		
CITY	STATE	ZIP CODE				
Lola	KS	66749				

JOB TYPE log string HOLE SIZE 6.75" HOLE DEPTH 10800 CASING SIZE & WEIGHT 10.5 #/ft 4 1/2
 CASING DEPTH 1033.65 DRILL PIPE _____ TUBING _____ OTHER baffle 1038.65
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 16 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate down casing. Mixed & pumped 200# gel flush. Shut down to wait on water. Water arrived. Mixed & pumped 10 bbl dye marker followed by 143 sk Class "A" cement plus 2% gel, 2% calcium 2# pheno seal per sack. Circulated dye. Flashed pump, released plug. Pumped plug to baffle. Well held 800 PSI. Set float

Colt water BAR Drilling Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00 ✓
5406	50	MILEAGE	368	210.00 ✓
5402	1033.65	casing footage	368	✓
5407A	357.5	ton miles	548	504.08 ✓
11045	143 sk	Class "A"		2245.10 ✓
1118B	469 #	gel		103.18 ✓
1107A	286 #	Pheno seal		386.10 ✓
1102	269 #	calcium chloride		209.82 ✓
4404	1	4 1/2 plug		47.25 ✓
<input checked="" type="checkbox"/> completed				
SALES TAX			221.38 ✓	
ESTIMATED TOTAL			5011.91 ✓	

Ravin 3737

AUTHORIZATION R. R. Allen TITLE Thanks! DATE 11/25/2013

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.