



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1185850
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: _____

1185850

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Mud Rotary Drilling
 Andrew King - Manager/Driller

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

1317 105th Rd.
 Yates Center, KS 66783

Company/Operator Colt Energy Inc. P. O. Box 388 Iola, KS 66749		Well No. MU-1	Lease Name Moline	Well Location 1955FNL 165FWL	1/4 SW	1/4 NW	1/4 SW	Sec. 15	Twp. 24S	Rge, 18E									
Well API # 15-001-30841-00-00		Type/Well Oil	County Allen	State KS	Total Depth 995	Date Started 11/18/2013	Date Completed 11/20/2013												
Job/Project Name/No.		Surface Record		Bit Record				Coring Record											
Driller/Crew	Bit Size:	11 1/4	Type	PDC	Size	11 1/4	From	0'	To	20'	Core #	1	Size	2 1/8"	From	868	To	888	% Rec.
Andy King	Casing Size:	8 5/8	PDC	6 3/4	20'	955													
	Casing Length:	20'																	
	Cement Used:	8 sx																	
	Cement Type:	Portland																	

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	15	soil	860	868	oil sand			
15	57	Lime	868	888	core			
57	85	shale	888	905	oil sand			
85	94	Lime	905	995	sand			
94	138	Shale		995	TD			
138	252	Lime						
252	428	Shale						
428	434	Lime						
434	443	Shale						
443	452	Lime						
452	540	Shale						
540	542	Lime						
542	566	Shale						
566	570	Lime						
570	586	Shale						
586	611	Lime						
611	615	shale						
615	620	lime						
620	655	shale						
655	659	Lime						
659	850	sandy shale						
850	853	black shale						
853	856	lime						
856	860	grey shale						

Well Notes:



CONSOLIDATED
Oil Well Services, LLC

264212

TICKET NUMBER 45079
LOCATION Eureka
FOREMAN David Gardner

PO Box 884, Chanute, KS 66720
620-231-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

API # 15-001-30841V

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-20-13	1828	Moline # MJS-1	15	24	18E	Allen
CUSTOMER			TRUCK #			
Colt Energy, Inc.			DRIVER			
MAILING ADDRESS			TRUCK #			
P.O. Box 388			DRIVER			
CITY		STATE	ZIP CODE			
Iola		KS	66749			

JOB TYPE 4s 0 HOLE SIZE 6 3/4 HOLE DEPTH 995 CASING SIZE & WEIGHT 4 1/2" 10.5 #/ft
 CASING DEPTH 984.20 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL 36 Bbl WATER gal/sk _____ CEMENT LEFT in CASING 5.2 Bbls.
 DISPLACEMENT 16 Bbl DISPLACEMENT PSI 500 ^{Bump} Plug 1000 PSI RATE 5 BPM

REMARKS: Safety Meeting. Rig up to 4 1/2 casing. Break circulation w/ fresh water. Mixed 150# Gel Flush, 5 Bbl water spacer. Mixed 140 sks Class "A" cement w/ 2% Gel, 2% Caclz., + 2# Phenoseal. Wash out pump & lines. Shut down. Release Plug. Displace w/ 16 Bbls Fresh water. Final pumping pressure of 500 PSI. Bump Plug to 1000 PSI. Wait 2 mins. Release pressure. Plug Held. Good circulation @ all times. 6 Bbls cement slurry to pit. Job Complete. Rig down.

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	140 SKS	Class "A" Cement	15.70	2198.00 ✓
1118B	260#	Gel @ 2%	.22	57.20 ✓
1102	260#	Caclz. @ 2%	.78	202.80 ✓
1107A	280#	Phenoseal @ 2# /sk	1.35	378.00 ✓
1118B	150#	Gel Flush	.22	33.00 ✓
5407A	6.58 Tons	Ton Mileage Bulk Truck	1.41	463.89 ✓
4404	1	4 1/2" Top Rubber Plug	47.25	47.25 ✓
Completed				
			Subtotal	4675.14 ✓
			SALES TAX	215.80 ✓
			ESTIMATED TOTAL	4890.94 ✓

"Thank You"

7.40 %

AUTHORIZATION R.R. Allah TITLE _____ DATE 11/20/2013

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.