

Confidentiality Requested:

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1196013

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 #		API No. 15
Name:		Spot Description:
Address 1:		
Address 2:		Feet from North / South Line of Section
City: State:	Zip:+	Feet from East / West Line of Section
Contact Person:		Footages Calculated from Nearest Outside Section Corner:
Phone: ()		
CONTRACTOR: License #		GPS Location: Lat:, Long:
Name:		(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84
Purchaser:		County:
Designate Type of Completion:		Lease Name: Well #:
		Field Name:
New Well Re-Entry	Workover	Producing Formation:
	ND SIOW	Elevation: Ground: Kelly Bushing:
		Total Vertical Depth: Plug Back Total Depth:
	SW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)		
Cathodic Other (Core, Expl., e	tc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follo	DWS:	If yes, show depth set: Feet
Operator:		If Alternate II completion, cement circulated from:
Well Name:		feet depth to:w/sx cmt.
Original Comp. Date: Ori	ginal Total Depth:	
Deepening Re-perf. Co	nv. to ENHR 🗌 Conv. to SWD	Drilling Fluid Management Plan
Plug Back Co	nv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Dermit	4.	Chloride content: ppm Fluid volume: bbls
	#:	Dewatering method used:
	#:	Lagation of fluid dianagol if bould offaite:
	#:	Location of fluid disposal if hauled offsite:
	#:	Operator Name:
	n	Lease Name: License #:
Spud Date or Date Reached TD	Completion Date or	Quarter Sec Twp S. R East West
Recompletion Date	Recompletion Date	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:							

	Page Two	1196013
Operator Name:	Lease Name:	Well #:
Sec TwpS. R □ East □ West	County:	
INCTRUCTIONS: Chaw important tang of formations paratested. Do	ail all aaraa Danart all fin	al against of dvill atoms to to giving interval tootod, time tool

**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 (Attach Additional She	eets)	Yes No		Log	g Formatio	n (Top), Depth and	d Datum	Sample
Samples Sent to Geolog	jical Survey	Yes No		Name			Тор	Datum
Cores Taken Electric Log Run		Yes No						
List All E. Logs Run:								
		CASING Report all strings set-c	RECORD	New New New New		on, 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	/ SQUEI	EZE RECORD	·	· · · · · ·	
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Use	ed		Type and Pe	ercent Additives	
Protect Casing								
Plug Off Zone								
Did you porform a hydroulia	free studies tree strees to	an this well?					a guartiana () an	<i></i>

Did you perform a hydraulic fracturing treatment on this well?
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?

Yes	No
Yes	No
Yes	No

 No
 (If No, skip questions 2 and 3)

 No
 (If No, skip question 3)

(If No, fill out Page Three of the ACO-1)

Shots Per Foot		PERFORATION Specify For	RECOP	RD - Bridge P Each Interval F	lugs Set/Typ Perforated	00			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed	I Product	ion, SWD or ENHF	<b>}</b> .	Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI	ION OF C	GAS:	_					_	PRODUCTION INT	ERVAL:
Vented Solo	d 🗌	Used on Lease		Open Hole	Perf.	Uually (Submit )	Comp.	Commingled (Submit ACO-4)		
(If vented, Su	ıbmit ACC	D-18.)		Other (Specify)		(Oublinit /	,	(000/11/ 100-4)		

Mud Rotary Drilling	ling			Bar	Bar Drilling, LLC	), LLC						1317	1317 105th Rd.
Andrew King - Manager/Driller	flanager/Driller			Pho	Phone: (719) 210-8806	210-8806					Yates	Center,	Yates Center, KS 66783
Compar	Company/Operator	Well No.	Leas	Lease Name		Well Location	on	1/4	1/4 1	1/4 Sec.		Twp.	Rge,
Calt Energy Inc.		BF-4a	(1)	Baker	2	1209FSL 1570 FWL	I FWL	NWN	NWN S	SE 4		24	18e
P.O. Box 388		Well API #		Type/Well	F	County		State	Total Depth	oth Date Started		Date Co	Date Completed
Iola, KS 66749		15-001-30895-00-00	-00-00	ō		Allen		¥S	1175	12/12/2013	/2013	12/1:	12/13/2013
Job/Proje	Job/Project Name/No.	Surface Decord	pro-		Bit R	Bit Record				Coring Record	Record		
		ani lace Ne	2014	Type	Size	From	To	Core #	Size			To	% Rec.
ling.	Driller/Crew	Bit Size:	11 1/4	PDC	11 1/4	ŭ	20'						
Andy King		Casing Size:	8 5/8	PDC	6 3/4	20'	1175						
		Casing Length:	20'										
		Cement Used:	8 SX										
		Cement Type:	Portland										
				Foi	Formation Record	Record							
From To	Forn	Formation	From	To		Formation		From	<b>T</b>		For	Formation	
0 14	soll/clay			1175		ΠD							
14 38	shale												
38 180	lime												
180 264	shale												
264 380	líme												
	shale												
517 550	lime												
550 570													
570 577	lime												
	sandy shale												
641 724	líme												
724 727	black shale												
727 730	lime												
730 887	sandy shale												
887 958	black shale and muck	muck											
958 975	oit sand												
975 1017	7 sand less oil												
1017 1025	5 sand some oil							Well Notes:	tes:				
1045 1045	5 sand												
	D sand oil show												
	9 grey sand												
1119 1139	black shale												
	5 shale mix												<u> </u>
1145 1175	5 hard lime												

810 E 7 <sup>™</sup> PO Box 92 EUREKA, KS 67045 (620) 583-5561		Cementing & of Kansa	s, LLÇ	- r		Ticket N Foremai	: <b>or Acid Fie</b> o. <u>10(</u> n <u>Kevn M</u> Eanern	)5  °_~
Date Customer ID #	Lea	se & Well Number		Section	Township	Range	County	State
12/14/13 1003	BAR	c " 15F - 514	,	Ц	245	180	Alless	15
Customer Colt Ener		***********************	Safety Meeting	Unit # _/0.2	Shan		Unit #	Driver
Mailing Address Ro- Box 38	'		KM 547 43	 		1_73_ 272#		
City	State	Zip Code	12.27 12.27					
Job Type <u>Longstring</u> Casing Depth <u>1053,55</u> Casing Size & Wt. <u>1/k 10-</u> Displacement <u>16-7 Bit</u>	Hole S	pth5 ze <u>63/4</u> " Left in Casing <u>5</u> rement PSI <u>600</u>		Slurry Vol. 3 Slurry Wt. 3 Water Gal/SK Bump Plug to	3. 7. 22- - Letter Descention	Dr	bing ill Pipe her PM _ <del></del> <i>2011</i> 77	
Remarks: <u>Safety Mesa</u> 5.sks (250 <sup>th</sup> ) Gel. Fl <u>PhenoSeal</u> [st. (0 1.3, <u>Phag. Displace</u> Phag <u>to 1000 Ast. anant 2</u> <u>Returnes to Surface</u>	<u>ash asj hac</u> 7 <sup>no</sup> /g <sub>nt</sub> - yu <u>10 Scor</u> a * numates,	<u>is 5 1366 work</u> ud 1.85 = 381 <u>V 16.7 1864 48</u> Rekase Ress	<u>n Spa</u> a <u>344 Sh</u> 2 <u>84 aa</u> 294 - 47	<u>ee, 111281</u> 158 <u>7 - Wash</u> 148 <u>0 - Free</u> 647 Hetel -	<u>115 seccións ourt Pump</u> C Pumping Shurt Cas	Theok Ser <u>1 Linas, 1</u> 1 <u>Poessuus</u> 1 mg in Op	<u>Comeste un</u> Shust dows! 2. 600 PSte B	<u>1-2 # 1</u> <u>Release</u> ump Plug
					ye v			

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	/	Pump Charge	1050.00	1050,00
<u>C 107</u>	50	Mileage	3,95	197-50
0 201	11.5° 5.85	reneral contraction and an and and	19.50	2242.50
<u>C 208</u>		Pheno Sent 2 */SL	1.2.5 *	28250
C 206	anna an an ann an ann an ann an ann an a		илин макалак инскин толого сама инститистика сталина стали и собо собо собо собо собо собо собо с	.50.00
<u>C. 214</u>	<u></u>	110145	. 45 **	<u> </u>
C 108 B	6-3 Tons	Ton Milenge 50 miles		41.5° 2.5
C 113	11 MCs	80 BLC VAC TRUCK	and an and the second statements of the second statement of the second statement of the second statement of the	340,00
<u>C 334</u>	<u>3300 J.M.Is</u>	a and and an	10.00/1000	33.00
<u>C 403</u>		- 4 1/2 Top Kullen Plug	45.00	45.00
arê 199 yî malî Marê jî Dokama Badasta				Mark
			SU6 75446	4619.15
	میں فریسہ سر	<u>~ 111</u>	2.4 % Sales Tax	197.36
Authoriz	ation	K	Total	4811.11

l agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.