



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1197167
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: _____

1197167

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Company/Operator Colt Energy Inc. P.O. Box 388 Iola, KS 66749		Well No. SWD Well API # 15-001-30863		Lease Name Conger Type/Well swd		Well Location 750'fsl-85'fel County Allen		1/4 se		1/4 ne		1/4 se		Sec. 14		Twp. 25		Rge, 19e	
Job/Project Name/No.				Surface Record				Bit Record				Coring Record							
Driller/Crew Andy King		Bit Size: 11 1/4		PDC		From 0'		To 22.2'		Core # 1		Size 2 1/8"		From 803		To 816		% Rec. 95	
		Casing Size: 8 5/8		PDC		From 20'		To 1547'		Core # 2		Size 2 1/8"		From 865'		To 887'		% Rec. 20	
		Casing Length: 22.2																	
		Cement Used: 8 sx																	
		Cement Type: Portland																	

From		To		Formation		From		To		Formation		From		To		Formation	
0	12	soil/clay	850	860	light grey sand some shale												
12	46	lime	860	866	light grey sand some shale												
46	74	shale	865	887	core #2												
74	82	lime	887	917	black shale												
82	146	shale	917	929	grey shale some sand												
146	167	lime	929	985	mostly shale												
167	180	shale	985	1029	shale												
180	229	lime	1029	1033	riverton coal												
229	234	shale	1033	1054	broken lime												
234	247	lime	1054	1135	white lime												
247	263	limer/shale	1135	1160	soft lime												
263	400	shale	1160	1195	real soft lime												
400	409	lime	1195	1223	hard lime												
409	445	sandy shale	1223	1262	hard lime												
445	480	lime	1262	1280	lime												
480	552	shale	1280	1342	sandy shale												
552	638	lime	1342	1364	lime												
638	752	sandy shale	1364	1373	dark shale												
752	753	lime	1373	1547	Arbuckle												
753	801	sandy shale															
801	803	oil sand															
803	816	core #1															
816	824	sandy shale oil odor															
824	850	shale															

Well Notes:

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561

Elite

**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report
 Ticket No. **1032**
 Foreman Kevin McCoy
 Camp EUREKA

APP # 15-001-70863 ✓

Date	Customer ID #	Lease & Well Number	Section	Township	Range	County	State
12/27/13	1003	Conqor # SWD-1	14	255	19E	Allen	Ks
Customer			Unit #	Driver		Unit #	Driver
Colt Energy			102	Shannon F.			
Mailing Address			110	Rudy M.			
P.O. Box 588							
City	State	Zip Code					
Iola	Ks	66749					

Job Type <u>Completion</u>	Hole Depth <u>1547'</u>	Slurry Vol. <u>48 Bbl</u>	Tubing _____
Casing Depth <u>1394'</u>	Hole Size <u>6 3/4"</u>	Slurry Wt. <u>13.7 #</u>	Drill Pipe _____
Casing Size & Wt. <u>4 1/2 10.5"</u>	Cement Left in Casing <u>30'</u>	Water Gal/SK <u>9.0</u>	Other _____
Displacement <u>21.7 Bbl</u>	Displacement PSI _____	Bump Plug to _____	BPM _____

Remarks: Safety Meeting: 4 1/2 Casing Set @ 1394' (Open End) Rig up to 4 1/2 Casing. Break
Circulation w/ fresh water. Pump 6 sks (300 #) Gel Flush w/ 15k Halls. 5 Bbl water spacer.
Mixed 145 sks Thick Set Cement w/ 2" Pheno Seal /sk @ 13.7 # /gal = 48 Bbl slurry wash out
Pump & Lines. Release Plug. Displace Plug to 1360' w/ 21.7 Bbl water. Stop Plug @ 1360' G.L.
By wire line measurement. 1 Bbl Cement slurry to bit. Shut casing in @ 150 PSI. Job Complete.
Big down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1059.00	1059.00
C 107	50	Mileage 1st well of 2	3.95	197.50
C 201	145 sks	THICK SET Cement	19.50	2827.50
C 208	290 "	Pheno Seal 2" /sk	1.25 "	362.50
C 206	300 "	Gel Flush	.20 "	60.00
C 214	40 "	Halls	.45 "	18.00
C 108 B	7.78 tons	Ton Mileage	1.25	538.65
C 403	1	4 1/2 Top Rubber Plug	45.00	45.00
			Sub Total	5099.15
			Sales Tax	245.16
				7.4%
Authorization <u>R.R. [Signature]</u>			Title _____	Total
				5344.31

I 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.