



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1198506  
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: \_\_\_\_\_

1198506

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

<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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

Company/Operator Colt Energy Inc.		Well No. CL-3	Lease Name Louk	Well Location 43701st, 1815fwl	1/4 NE	1/4 SW	1/4 NW	Sec. 23	Twp. 26	Rge, 14E	
P.O. Box 388 Iola, KS 66749		Well API # 15-207-28859 ✓	Type/Well Oil	County Woodson	State KS	Total Depth 1440	Date Started 3/14/2014	Date Completed 3/24/2014			
Job/Project Name/No.		Surface Record		Bit Record		Coring Record					
Driller/Crew Andy King	Bit Size: 8 5/8	11 1/4	PDC	Size 11 1/4	From 0'	To 44.2	Core # 1	Size 2 1/8"	From 1310	To 1324	% Rec.
	Casing Size: 44.2'	8 5/8	PDC	6 3/4	44.2'	1440					
	Casing Length: 14SX	14SX									
	Cement Used: Portland	Portland									

**Formation Record**

From	To	Formation	From	To	Formation	From	To	Formation
0	14	sand/sandstone	1293	1298	sandy shale			
14	43	clay/shale	1298	1310	sandy shale			
43	48	lime	1310	1324	core			
48	245	shale	1324	1379	shale			
245	511	lime	1379	1380	lime			
511	589	shale	1380	1439	sandy shale			
589	761	kc lime	1439	1440	miss lime			
761	871	shale						
871	877	lime						
877	906	sandy lime						
906	918	lime						
918	1018	sandy shale						
1018	1034	lime						
1034	1040	dark shale						
1040	1074	lime						
1074	1087	shale						
1087	1104	lime						
1104	1109	shale						
1109	1131	sandy shale						
1131	1169	mostly sand						
1169	1170	lime						
1170	1240	shale						
1240	1241	lime						
1241	1293	shale						

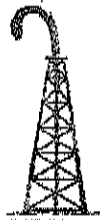
Well Notes:

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



**Cementing & Acidizing  
 of Kansas, LLC**

API# 15-207-28859



**Cement or Acid Field Report**

Ticket No. **1152**

Foreman Kevin McCoy

Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
3/24/2014	1003	Louk # CL-3	23	26	14E	Woodson	KS	
Customer <u>Colt Energy, Inc.</u>			Safety Meeting KM SF AM		Unit #	Driver	Unit #	Driver
Mailing Address					102	Shannon F.		
City <u>Topeka</u>					110	Alan M.		
State <u>KS</u>								
Zip Code <u>66749</u>								

Job Type P.T.A. (New well) Hole Depth 1440' Slurry Vol. \_\_\_\_\_ Tubing \_\_\_\_\_  
 Casing Depth NONE Hole Size 6 3/4" Slurry Wt. \_\_\_\_\_ Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. NONE Cement Left in Casing \_\_\_\_\_ Water Gal/SK \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement \_\_\_\_\_ Displacement PSI \_\_\_\_\_ Bump Plug to \_\_\_\_\_ BPM \_\_\_\_\_

Remarks: Safety Meeting: Rig up to 4" Drill pipe Plug well as following.  
35 SKS @ 1440'  
10 SKS @ 500'  
65 SKS 250' to Surface

Note: Gel hole Before Plugging

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 103	1	Pump Charge	1050.00	1050.00
C 107	25	Mileage	3.75	93.75
C 203	110 SKS	60/40 Pozmix Cement	12.75	1402.50
C 206	375 #	Gel 4%	.20 "	75.00
C 206	750 #	Gel Spacer	.20 "	150.00
C 108.A	4.73 Tons	Tech Mileage	M/c	345.00
			Sub Total	3121.25
			Sales Tax	116.31
Authorization <u>R.R. Lock</u> Title _____			Total	3237.56

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.

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

**Elite**

**Cementing & Acidizing  
 of Kansas, LLC**



**Cement or Acid Field Report**  
 Ticket No. 1218  
 Foreman Sean N.  
 Camp Eureka

API 15207-28859 ✓

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
4-9-14	1003	Louk # CL-3	23	26	14E	Woodson	KS
Customer			Unit #	Driver	Unit #	Driver	
Cell Energy, Inc			1041	Alon M			
Mailing Address			110	Shannon F			
P.O. Box 358							
City	State	Zip Code					
Tola	KS	66749					

Job Type Top off Well    Hole Depth \_\_\_\_\_    Slurry Vol. \_\_\_\_\_    Tubing \_\_\_\_\_  
 Casing Depth \_\_\_\_\_    Hole Size \_\_\_\_\_    Slurry Wt. \_\_\_\_\_    Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. \_\_\_\_\_    Cement Left in Casing \_\_\_\_\_    Water Gal/SK \_\_\_\_\_    Other \_\_\_\_\_  
 Displacement \_\_\_\_\_    Displacement PSI \_\_\_\_\_    Bump Plug to \_\_\_\_\_    BPM \_\_\_\_\_

Remarks: Safety Meeting    Top off Well    Used 4 sacks 65/110 p.e.m. cement 4 1/2 gal  
Job complete Rig down  
Thank you

Code	Qty or Units	Description of Product or Services	Unit Price	Total
		Pump Charge <u>N/C</u>		
		Mileage <u>N/C 3 1/2 miles</u>		
C203	40 sks	65/110 p.e.m.	12.75	510.00
C206	134 ±	Gal 14%	2.00	270.00
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;">           590    228.117            \$546.63         </div>				
			Sub Total	537.00
			Sales Tax	38.40
Authorization <u>[Signature]</u> Title _____			Total	575.40

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.