



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1199358
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: _____

1199358

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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11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Colt Energy, Inc.

Wright I #E3

API #15-125-32,366 ✓

September 9 - September 11, 2013

Posted

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
3	soil & clay	3
1	lime	4
4	sandstone	8
149	shale	157
3	lime	160
4	oil sand	164 grey ok bleeding
75	sand	239 grey no oil making water
15	shale	254
5	lime	259
6	sand	265 grey no oil hard
9	lime	274
7	shale	281
2	lime	283
119	shale	402
12	lime	414 light oil show
8	shale	422
1	sand	423 grey no oil
2	broken sand	425 brown & grey light oil show
46	shale	471
3	lime	474
91	shale	565
5	sand	570 grey no oil
9	shale	579
17	lime	596
4	broken sand	600 brown & green light bleeding
22	sand	622 green no oil
21	shale	643
11	lime	654
16	shale	670
5	lime	675
7	sand	682 grey no oil
46	shale	728 with a few sandy seams
8	sand	736 grey no oil
57	shale	793
25	lime	818 oil show
7	shale	825
1	coal	826
19	shale	845
15	broken sand	860 brown & white ok bleeding

7	shale	867
5	sand	872 grey no oil
17	shale	889
34	lime	923
12	shale	935
20	lime	955
8	shale	963
11	lime	974
27	shale	1001
2	lime	1003
6	shale	1009
1	coal	1010
2	shale	1012
14	sand	1026 grey no oil
21	shale	1047
1	coal	1048
27	shale	1075
10	sand	1085 grey no oil show
10	shale	1095
1	coal	1096
35	shale	1131
13	sand	1144 grey no oil show
16	shale	1160
3	sand	1163 white no oil
9	shale	1172
1	coal	1173
9	shale	1182
4	sand	1186 white no oil show
2	shale	1188
4	broken sand	1192 brown & grey light bleeding
78	shale	1270 TD

Drilled a 12 1/4" hole to 20.5'

Drilled a 6 3/4" hole to 1270'

Set 20.5' of 8 5/8" no cement.



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Thomas E. Wright, Commissioner
Jay Scott Emler, Commissioner
April 03, 2014

Corporation Commission

Sam Brownback, Governor

COLT ENERGY INC
PO BOX 388
IOLA, KS 66749-0388

License No. 5150

NOTICE OF VIOLATION

RE: API Well No. 15-125-32366-00-00
WRIGHT I E3
SWSENWSW, 6-33S-15E
MONTGOMERY County, Kansas

Dear Operator:

A file review for the above-referenced well shows that certain well information appears to be incomplete, in violation of K.A.R. 82-3-107(d) and K.A.R. 82-3-130.

Failure to submit the following information by APRIL 30, 2014 shall be punishable by a \$500 penalty.

To date, we have not received the following information:

- | | |
|--|---|
| <input checked="" type="checkbox"/> All drilling and completion information. No ACO-1 has been received as of this date. | <input type="checkbox"/> TD and Completion date. (Month, Day, Year) |
| <input type="checkbox"/> Must be signed. | <input type="checkbox"/> Must have Footages from nearest outside corner of section. |
| <input type="checkbox"/> Must have the ORIGINAL HARD COPY of ACO-1. We do not accept fax copies. | <input type="checkbox"/> Side two on back of ACO-1 must be completed. |
| <input type="checkbox"/> Must be put on new form and typed. | <input type="checkbox"/> Must have final copies of DST's/Charts. |
| <input type="checkbox"/> API # or date when original well was first drilled. | <input type="checkbox"/> All original complete open and cased hole wireline logs run. |
| <input type="checkbox"/> Contractor License #. | <input type="checkbox"/> A copy of geological reports compiled by wellsite geologist. |
| <input type="checkbox"/> Designate type of Well Completion. | <input type="checkbox"/> A copy of all cement job logs showing type, amounts and additives used to cement casing strings, squeeze and/or to plug and abandon. (Note: Cement tickets must be from company providing the cement, not necessarily the contractor.) |
| <input type="checkbox"/> If Workover/Re-entry, need old well information, including original completion date. | <input type="checkbox"/> Any commingling information; File on the ACO-4 form. |
| <input type="checkbox"/> Spud date. (Month, Day, Year) | <input type="checkbox"/> Anything HIGHLIGHTED on ACO-1. |

Please contact me at (316)337-6200 if you have any questions.

Sincerely,

DEANNA GARRISON
Production Department

APR 7 REC'D