



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1199603
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: _____

1199603

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 |
|--|---|

| 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)*

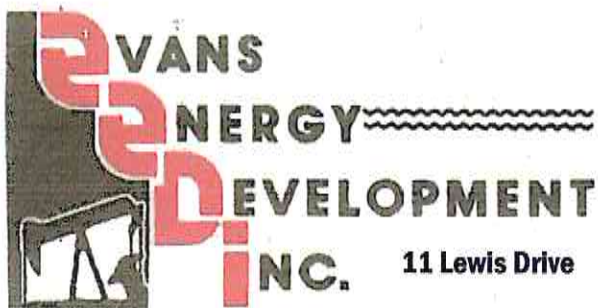
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

| 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 |
|----------------|-------|---------|------------|---|

| | | | | | | |
|---|--|---------|-------------|---------------|---------|--|
| 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> _____ | | | | | |
| 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> _____ | PRODUCTION INTERVAL: _____ _____ |
|--|---|---|



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.

Rector #D4

API #15-125-32,362 ✓

September 11 - September 12, 2013

| <u>Thickness of Strata</u> | <u>Formation</u> | <u>Total</u> |
|----------------------------|------------------|---------------------------------|
| 3 | soil & clay | 3 |
| 5 | broken lime | 8 |
| 158 | shale | 166 |
| 3 | lime | 169 |
| 41 | sand | 210 white no oil making water |
| 1 | coal | 211 |
| 41 | shale | 252 |
| 5 | lime | 257 oil show |
| 5 | broken sand | 262 brown & grey light bleeding |
| 12 | sand | 274 white no oil |
| 1 | shale | 257 |
| 6 | lime | 281 |
| 116 | shale | 397 |
| 9 | lime | 406 oil show |
| 16 | shale | 422 |
| 4 | broken sand | 426 brown & grey ok bleeding |
| 42 | shale | 468 |
| 3 | lime | 471 |
| 93 | shale | 564 |
| 2 | lime | 566 |
| 12 | shale | 578 |
| 8 | lime | 586 |
| 1 | shale | 587 |
| 8 | lime | 595 |
| 9 | oil sand | 604 green good bleeding |
| 20 | sand | 624 green no oil |
| 18 | shale | 642 |
| 14 | lime | 656 |
| 2 | shale | 658 |
| 4 | lime | 662 |
| 10 | shale | 672 |
| 6 | lime | 678 |
| 28 | shale | 706 |
| 8 | sand | 714 grey, no oil |
| 24 | shale | 738 |
| 7 | sand | 745 grey no oil show |
| 47 | shale | 792 |
| 23 | lime | 815 oil show |
| 32 | shale | 847 |

| | | |
|-----|-------------|-----------------------------|
| 23 | oil sand | 870 grey good bleeding Peru |
| 20 | shale | 890 |
| 32 | lime | 922 |
| 10 | shale | 932 |
| 22 | lime | 954 |
| 6 | shale | 960 |
| 10 | lime | 970 |
| 12 | shale | 982 |
| 1 | coal | 983 |
| 159 | shale | 1142 with a few sandy seams |
| 2 | lime | 1144 |
| 20 | shale | 1164 |
| 14 | silty shale | 1178 |
| 4 | shale | 1182 |
| 6 | oil sand | 1188 brown light bleeding |
| 1 | broken sand | 1189 brown & green no show |
| 91 | shale | 1280 TD |

Drilled a 12 1/4" hole to 20.5'

Drilled a 6 3/4" hole to 1280'

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



CONSOLIDATED
Oil Well Services, LLC

^{1ST}
ENTERED

TICKET NUMBER 43537

LOCATION Fireka

FOREMAN Rick Ledford

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-125-32362 ✓

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY | |
|--|------------|--------------------|--------------------------|----------------------|---------------------------|---------|--------|
| 9-13-13 | 1828 | Rectar # D4 | 6 | 33 | 15E | M6 | |
| CUSTOMER <u>Catt Energy, Inc</u> | | | Gus Bros | | | | |
| MAILING ADDRESS <u>P.O. Box 388</u> | | | | | | | |
| CITY <u>Iola</u> | | STATE <u>KS</u> | ZIP CODE <u>66749</u> | TRUCK # <u>57</u> | DRIVER <u>Chris B.</u> | TRUCK # | DRIVER |
| | | | | <u>667</u> | <u>Allan B.</u> | | |

JOB TYPE L/S 0 HOLE SIZE 6 3/4" HOLE DEPTH 1280 CASING SIZE & WEIGHT 4 1/2", 10.5#/ft
 CASING DEPTH 1268 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5* SLURRY VOL 42 Bbl WATER gal/sk 9.0 CEMENT LEFT IN CASING 4' 55"
 DISPLACEMENT 20.2 Bbl DISPLACEMENT PSI 600 ~~PSI 1000~~ Bwp plus RATE _____

REMARKS: Safety meeting. Rig up to 4 1/2" casing. Break circulation w/ 23 Bbl fresh water. Pump 300* gel flush, 10 Bbl water spacer, 10 Bbl dye water. Mixed 130 sks thickset cement w/ 5* Kel-seal/sk & 1* phenosan/sk @ 13.5*/gal. Washout pump & lines, release plug. Displace w/ 20.2 Bbl fresh water. Final pump pressure 600 PSI. Pump plug to 1000 PSI, release pressure, flood & plug hold. Good cement returns to surface = 8 Bbl slurry to pit. Job complete. Rig down.

Thank You

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|-----------------------|-----------|
| 5401 | 1 | PUMP CHARGE | 1085.00 | 1085.00 ✓ |
| 5406 | 50 | MILEAGE <u>1st well of 2</u> | 4.20 | 210.00 ✓ |
| 1126A | 130 sks | thickset cement | 20.16 | 2620.80 ✓ |
| 1118A | 650* | 5* Kel-seal/sk | .46 | 299.00 ✓ |
| 1102A | 130* | 1* phenosan/sk | 1.35 | 175.50 ✓ |
| 1118A | 300* | gel flush | .22 | 66.00 ✓ |
| 5407A | 7.15 | tan mileage bulk trix | 1.41 | 504.08 ✓ |
| 4404 | 1 | 4 1/2" top water plug | 47.25 | 47.25 ✓ |
| | | | Subtotal | 5007.63 ✓ |
| | | | SALES TAX <u>6.5%</u> | 197.33 ✓ |
| | | | ESTIMATED TOTAL | 5204.96 ✓ |

AUTHORIZATION R. R. Ledford TITLE _____ DATE 9/13/2013

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.



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. 15-125-32362-00-00
RECTOR D4
NENESWSW, 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

CONSERVATION DIVISION

Finney State Office Building, 130 S. Market, Room 2078, Wichita, KS 67202-3802
(316) 337-6200 • Fax (316) 337-6211 • <http://kcc.ks.gov/>



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. 15-125-32362-00-00
RECTOR D4
NENESWSW, 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 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

CONSERVATION DIVISION

Finney State Office Building, 130 S. Market, Room 2078, Wichita, KS 67202-3802
(316) 337-6200 • Fax (316) 337-6211 • <http://kcc.ks.gov/>