



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1199708
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: _____

1199708

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> _____	PRODUCTION INTERVAL: _____ _____
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Air Drilling Specialist
Oil & Gas Wells

THORNTON AIR ROTARY, LLC
Office Phone: 620-879-2073

PO Box 449
Caney, KS 67333

Date Started	9/6/2013
Date Completed	9/10/2013

Operator	A.P.I #	County	State
Colt Energy	15-125-32359-00-00	Montgomery	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
B4	Rector	6	33	15

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	4	21' 8 5/8	1237	6 3/4

Formation Record

0-4	DIRT	997-1035	SANDY SHALE		
4-180	SANDY SHALE	1035-1036	COAL		
180-240	SAND / DAMP	1036-1065	SANDY SHALE		
240-250	SHALE	1065-1099	SAND		
236	WENT TO WATER	1099-1100	COAL		
250-268	LIME	1100-1150	SANDY SHALE		
268-275	SAND	1150-1170	SANDY LIME		
275-393	SANDY SHALE	1170-1175	SAND		
393-406	LIME	1175	CORE POINT		
406-465	SANDY SHALE	1175-1180	SANDY SHALE		
465-470	LIME	1180-1181	LIME		
470-560	SANDY SHALE	1181-1204	SHALE		
560-591	LIME	1204-1214	RED SHALE		
591-595	SANDY SHALE	1214-1237	SANDY SHALE		
595-623	SAND / LT ODOR & SHOW	1237	TD		
623-641	SHALE				
641-678	LIME				
678-686	SHALE				
686-710	SAND				
710-792	SANDY SHALE				
792-793	BLK SHALE / COAL				
793-815	LIME (PAWNEE)				
815-886	SHALE				
886-918	LIME (OSWEGO)				
918-924	BLK SHALE (SUMMIT)				
924-949	LIME				
949-958	BLK SHALE (MULKY)				
958-970	LIME				
970-995	SANDY SHALE				
995-997	LIME				



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 43539

LOCATION Europe

FOREMAN Rick Ladford

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-125-23259

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-16-13	1828	Rector # B4	6	33	15E	M6
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Coit Energy, Inc			57	Chris B.		
MAILING ADDRESS			515	Calby		
P.O. Box 388						
CITY	STATE	ZIP CODE				
Iola	KS	66749				

JOB TYPE L/S 0 HOLE SIZE 6.75 HOLE DEPTH 450 CASING SIZE & WEIGHT 4 1/2, 10.5 #/ft
 CASING DEPTH 439' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5# SLURRY VOL 16 bbl WATER gal/sk 9.0 CEMENT LEFT In CASING 4' 5"
 DISPLACEMENT 7 bbl DISPLACEMENT PSI 300 PSI 700 Apply _____ RATE _____

REMARKS: Safety meeting - Rig up to 4 1/2" casing. Break circulation w/ 8 bbl fresh water. Pump 200" gel-flush, 10 bbl water spacer. Mixed 50 sacks thickset cement w/ 5# Katsol/sk + 1# phenosan/sk @ 13.5#/gal. Washout pump + loss, release plug. Displace w/ 7 bbl fresh water. Final pump pressure 300 PSI. Bump plug to 700 PSI. release pressure, float + plug held. Good cement returns to surface - 5 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 1 st well of 2	4.20	210.00 ✓
1126A	50 sacks	thickset cement	20.16	1008.00 ✓
1110A	250#	5# Katsol/sk	.46	115.00 ✓
1107A	50#	1# phenosan/sk	1.35	67.50 ✓
1118B	200"	gel-flush	.22	44.00 ✓
5407	2.75	tan mileage bulk tank	m/c	368.00 ✓
4404	1	4 1/2" top water plug	47.25	47.25 ✓
			Subtotal	2944.75
			SALES TAX 6.5%	78.83 ✓
			ESTIMATED TOTAL	3023.58 ✓

Revin 3737

AUTHORIZATION R. R. Ladford TITLE _____ DATE 9/16/2013

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.

