



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1199744
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: _____

1199744

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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Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	9/3/2013
Date Completed	9/6/2013

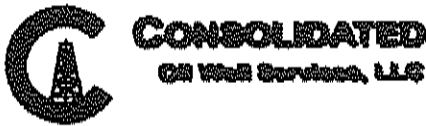
Operator	A.P.I.#	County	State
Colt Energy	15-125-32358-00-00	Montgomery	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
B2	Rector	6	33	15

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	4	21' 8 5/8	1270	6 3/4

Formation Record

0-2	DIRT	710-793	SANDY SHALE		
2-4	SANDY SHALE/CLAY	793-794	BLK SHALE / COAL		
4-81	SANDY SHALE	794-817	LIME (PAWNEE)		
81-82	COAL	817-852	SHALE		
82-179	SHALE	852-886	SANDY SHALE		
179-235	SAND / DAMP	886-920	LIME (OSWEGO)		
235-251	SHALE	920-927	BLK SHALE (SUMMIT)		
251-266	LIME	927-950	LIME		
266-271	SAND / HARD	950-957	BLK SHALE (MULKY)		
271-276	SANDY SHALE	957-959	COAL		
276-301	SAND	959-970	LIME		
301-396	SANDY SHALE	970-977	SANDY SHALE		
396-407	LIME	977-978	COAL		
407-467	SAND	978-996	SANDY SHALE		
467-469	LIME	996-997	LIME		
469-542	SANDY SHALE	997-1067	SHALE		
542-555	BLACK SHALE	1067-1100	SAND		
555-562	SHALE	1100-1101	COAL		
562-565	LIME	1101-1139	SAND		
565-575	SANDY SHALE	1139-1140	HARD LMY SHALE		
575-584	LIME (LENAPAH)	1140-1150	SANDY SHALE		
584-592	SANDY SHALE	1150-1175	SAND / LAMINATED		
592-600	SAND / LT ODOR	1175-1185	SAND / GOOD ODOR		
600-625	SAND / LT ODOR & SHOW	1176	CORE POINT		
625-640	SHALE	1176-1191	SOMETHING SOLID		
640-663	LIME	1185-1191	SHALE		
663-669	SHALE	1191-1192	LIME		
669-676	LIME	1192-1270	SANDY SHALE		
676-686	HARD SHALE	1270	TD		
686-710	SAND				



132 Prod. Csg.
ENTERED

TICKET NUMBER 43478
LOCATION Enixa
FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT
CEMENT APZ 15-125-32358 ✓

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/12/13	1828	Rector B2	6	33	15E	HG
CUSTOMER <u>Colt Energy, Inc.</u>			Gus Saw			
MAILING ADDRESS <u>P.O. Box 388</u>						
CITY <u>Topeka</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
STATE <u>KS</u>			<u>485</u>	<u>Alm M.</u>		
ZIP CODE			<u>515</u>	<u>Colby</u>		

JOB TYPE LIS 0 HOLE SIZE 6.75 HOLE DEPTH 1270 CASING SIZE & WEIGHT 4 1/2, 10.5#/ft
 CASING DEPTH 1244.45 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5# SLURRY VOL 42.8bbl WATER gal/sk 9.0 CEMENT LEFT IN CASING @ 4' 55"
 DISPLACEMENT 19.8 (3b) DISPLACEMENT PSI 500 MAX PSI/1000 Supp 475 RATE _____

REMARKS: Safety meeting. Rig up to 4 1/2" casing. Break circulation w/ 22 bbl fresh water. Pump 300# gel-flush, 10 bbl water spacer, 10 bbl dye water. Diced 130 sacks thickest cement w/ 5# Kol-seal /sk & 1# phenoseal /sk @ 13.5#/gal washbit pump & lower release plug. Displace w/ 19.8 bbl fresh water. Final pump pressure 500 PSI. Pump plug to 1000 PSI. Release pressure, float & plug held. 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	4.20	210.00 ✓
1186A	130 SKS	thickest cement	20.16	2620.80 ✓
1168A	650#	5# Kol-seal /sk	.46	299.00 ✓
1107A	130#	1# phenoseal /sk	1.35	175.50 ✓
5407A	7.15	tax mileage bull tax	1.41	504.08 ✓
11186	300#	gel-flush	.22	66.00 ✓
4414	1	4 1/2" top rubber plug	47.25	47.25 ✓
			Subtotal	5807.63 ✓
			SALES TAX <u>6.15%</u>	197.33 ✓
			ESTIMATED TOTAL	5204.96 ✓

AUTHORIZATION R.R. Ledford TITLE _____ DATE 9/12/2013

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. 15-125-32358-00-00
RECTOR B2
NESWSWSW, 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. | <input type="checkbox"/> Side two on back of ACO-1 must be completed. |
| <input type="checkbox"/> We do not accept fax copies. | <input type="checkbox"/> Must have final copies of DST's/Charts. |
| <input type="checkbox"/> Must be put on new form and typed. | <input type="checkbox"/> All original complete open and cased hole wireline logs run. |
| <input type="checkbox"/> API # or date when original well was first drilled. | <input type="checkbox"/> A copy of geological reports compiled by wellsite geologist. |
| <input type="checkbox"/> Contractor License #. | <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"/> Designate type of Well Completion. | <input type="checkbox"/> Any commingling information; File on the ACO-4 form. |
| <input type="checkbox"/> If Workover/Re-entry, need old well information, including original completion date. | <input type="checkbox"/> Anything HIGHLIGHTED on ACO-1. |
| <input type="checkbox"/> Spud date. (Month, Day, Year) | |

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

Sincerely,

DEANNA GARRISON

Production Department

APR 7 2014

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/>