



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1200215
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: _____

1200215

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: 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
--	---	---

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



**Cementing & Acidizing
 of Kansas, LLC**

API # 15-001-30925



Cement or Acid Field Report
 Ticket No. 1110
 Foreman Kevin McCoy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
3/06/2014	1003	Wolfe # 27	24	25	19E	Allen	KS
Customer	COH ENERGY, INC		Safety Meeting	Unit #	Driver	Unit #	Driver
Mailing Address	P.O. Box 388		KM	102	SHANNON F.		
City	State	Zip Code	SP	111	RUDY M.		
Tola	KS	66749	RM				

Job Type LONGSTRING Hole Depth 961' Slurry Vol. 38 BBL Tubing _____
 Casing Depth 933.10' Hole Size 6 3/4" Slurry Wt. 13.7" Drill Pipe _____
 Casing Size & Wt. 4 1/2, 10.5 #/ft Cement Left in Casing 0' Water Gall/SK 9.0 Other _____
 Displacement 14.7 BBL Displacement PSI 500 Bump Plug to 1000 PSI BPM _____

Remarks: SAFETY Meeting; Rig up to 4 1/2 casing. BREAK Circulation w/ 15 BBL Fresh water. Pump (300") 6 SKS Gel Flush w/ Hulls, 5 BBL water SPACER, MIXED 115 SKS THICK SET Cement w/ 2" Phenoseal /sk @ 13.7" /gal = 38 BBL Slurry. wash out Pump & Lines. shut down. Release Plug. Displace Plug to Seat w/ 14.7 BBL Fresh water. FINAL Pumping Pressure 500 PSI. Bump Plug to 1000 PSI. wait 2 minutes. Release Pressure. Float Held. shut in @ 0 PSI. Good Cement Returns to SURFACE = 6 BBL Slurry to Pit. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1050.00	1050.00
C 107	50	Mileage	3.95	197.50
C 201	115 SKS	THICK SET Cement	19.50	2242.50
C 208	230 #	PhenoSeal 2" /sk	1.25 #	287.50
C 206	300 #	Gel Flush	.20 #	60.00
C 214	40 #	Hulls	.45 #	18.00
C 108 B	6.33 Tons	Ton Mileage 50 miles	1.35	427.28
C 403	1	4 1/2 Top Rubber Plug	45.00	45.00
THANK YOU				
			Sub Total	4327.78
			Sales Tax 7.4%	196.32
Authorization <u>R. R. [Signature]</u>	Title _____			Total 4524.10

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.

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	2/26/2014
Date Completed	3/6/2014

Operator	A.P.I #	County	State
Colt Energy	1500130925-00-00	Allen	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
27	Wolfe	24	25	19

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Billy Thornton	4	21'8" 8 5/8	961	6 3/4

Formation Record

0-6	DIRT	549-550	COAL (MULBERRY)	846	SDY SHALE / CIRC.
6-10	CLAY	550-552	SHALE	850	SAND / CIRC.
10-46	LIME	552-573	LIME (PAWNEE)	848-855	SAND / GOOD ODOR
46-62	SHALE	573-576	SHALE	850-870	CORE POINT # 2
62-63	COAL	576-582	LIME	855-864	SANDY SHALE
63-69	SHALE	582-589	BLACK SHALE	864-867	SAND
69-76	LIME	589-590	COAL (LEXINGTON)	867-870	BROWN SAND
76-141	SHALE	590-607	SHALE	870-871	COAL
141-188	LIME / DAMP	607-617	SANDY SHALE	871-916	SHALE
188-200	SANDY SHALE	617-633	LIME (OSWEGO)	916-941	SANDY SHALE
200-205	BLACK SHALE	633-636	GRAY SHALE	941-958	SAND
205-225	LIME	636-644	BLK SHALE (SUMMIT)	958-961	SANDY SHALE
225-230	SAND	644-649	LIME	961	TD
230-242	LIME	649-654	BLK SHALE (EXCELLO)		
242-248	BLACK SHALE	654-655	COAL (MULKY)		
248-256	LIME	655-698	SANDY SHALE		
256-270	SNADY SHALE/DAMP	698-715	SAND		
270-348	SHALE	715-716	COAL		
348-390	SANDY SHALE	716-734	SHALE		
390-440	SHALE	734-736	LIME (VERDIGRIS)		
440-442	LIME	736-738	BLACK SHALE		
442-460	SHALE	738-768	SHALE		
460-475	LIME / WET	768-770	BLACK SHALE		
461	WENT TO WATER	770	SDY SHALE/ CIRC.		
475-491	SHALE	788	SDY SHALE / CIRC. / LT ODOR		
491-496	LIME	789-793	SAND / GOOD SHOW & ODOR		
496-530	SHALE	790-810	CORE POINT # 1		
530-546	SANDY SHALE	793-799	SANDY SHALE		
546-548	LIME	799-837	SHALE		
548-549	SHALE	837-848	SANDY SHALE/ LT ODOR		