



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1207962
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: _____

1207962

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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Form	ACO1 - Well Completion
Operator	Colt Energy Inc
Well Name	Shaw 14-27
Doc ID	1207962

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	911-914	100GAL15% 150GAL 30% HCL	911-914
		1100# 20/40 SAND	
4	680-684, 721-723	100GAL 15% 200GAL 30% HCL	680-684, 721-723
		8000# 20/40 SAND	
4	524-526,532-534,553- 556	100GAL 15% 200GAL 30% HCL8200#20/40SAND	524-526,532-534,553- 556
4	460-464, 490-495	100GAL15%20GAL30 %HCL 7800#20/40SAND	460-464,490-495

Well Refined Drilling Company, Inc.
 4230 Douglas Road Thayer, Kansas 66776
 Contractor License # 33072 - FEIN # 48-1248553
 620-839-5581/Office; 620-432-6170/Jeff; 620-839-5582/FAX

HAVE RIG
 Rig # 5
 WILL DIG!

Rig #:	5	Lic # 5150	S27	T32S	R17E	
API #:	15-125-320008-0000		Location:	NE SE SE SW		
Operator:	Colt Energy Inc.		County:	Montgomery		
Address:	P.O Box 388					
	Iola, Ks 66749		Gas Tests			
Well #:	14-27	Lease Name: Shaw	Depth	Oz.	Office	flow - MCF
Location:	400	FSL Line				
	2370	FWL Line	See Page 3			
Spud Date:	8/10/2010					
Date Completed:	8/11/2010	TD: 1030				
Driller:	Josiah Kephart					
Casing Record	Surface	Production				
Hole Size	12 1/4"	7 7/8"				
Casing Size	8 5/8"					
Weight						
Setting Depth	41' 1"					
Cement Type	Portland					
Sacks	Service Company					
Geologist:	Jim Stegeman					
10LH-081110-R5-024-Shaw 14-27-CEI						

Well Log

Top	Bottom	Formation	Top	Bottom	Formation	Top	Bottom	Formation
0	2	overburden	186	189	shale	358	366	shale
2	29	clay	189	199	lime	366	382	sandy shale
29	82	shale	199	208	shale	382	426	shale
82	83	lime	208	209	coal	426	460	1st Oswego lime
83	90	shale	209	218	sandy shale	460	466	blk shale
90	94	slime	218	232	sand	466	476	lime
94	101	shale	225		odor	476	478	blk shale
101	107	lime	232	236	sandy shale	478	491	lime
107	121	shale	236	244	oil sand	491	494	blk shale
121	122	coal	236	242	strong odor	494	495	coal
122	143	shale	244	251	sand	495	507	lime
143	145	blk shale	248	250	odor	507	526	shale
145	148	shale	251	332	shale	526	528	coal
148	166	lime	332	351	Pink lime	528	553	shale
166	173	shale	351	354	shale	553	555	blk shale
173	173.5	coal	354	356	Anna blk shale	555	556	coal
173.5	175	shale	356	357	shale	556	597	shale
175	186	lime	357	358	Lexington coal	597	598	coal

Top	Bottom	Formation	Top	Bottom	Formation	Top	Bottom	Formation
598	616	shale						
616	617	lime						
617	618	coal						
618	662	shale						
662	664	coal						
664	681	shale						
681	685	coal						
		wet						
685	701	sandy shale						
701	728	shale						
728	730	sandy shale						
730		added water						
730	738	shale						
738	753	sandy shale						
753	764	sandy shale						
764	851	shale						
851	852	coal						
852	913	shale						
913	914.5	coal						
914.5	916	shale						
916	917	coal						
917	924	shale						
924	938	chert						
938	1030	lime						
1030		Total Depth						

Notes:

10LH-081110-R5-024-Shaw 14-27-CEI



CONSOLIDATED
Oil Well Services, LLC

#235833

TICKET NUMBER 27786

LOCATION B-ville

FOREMAN Jason Bell

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-10-10	1828	Shaw 14-27	27	32S	17E	AGM
CUSTOMER <u>Colt</u>						
MAILING ADDRESS						
CITY						
STATE						
ZIP CODE						
TRUCK #	DRIVER	TRUCK #	DRIVER			
492	Tim					
551	Mark					

JOB TYPE Surf HOLE SIZE 12 1/4 HOLE DEPTH 44 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 41 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 20 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Established circulation per SDSs 27 column displaced and shut in.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE		725.00
5406	60	MILEAGE		219.00
5407	1	backtrack		316.00
1124	48 pps 4700 #	Class A	*	752.00
1102	100 #	Calcium	*	75.00
1102R	40 #	Phuro	*	46.00
		107 added if paid in 30 days = 218.70		
		1968.30		
			6.3 *	SALES TAX 55.01
				ESTIMATED TOTAL 287.01

Ravin 3737

Jason Bell

AUTHORIZATION _____ TITLE _____ DATE _____

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.



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 29033
LOCATION Eureka
FOREMAN Tray Stricker

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-12-10	1828	Shaw 14-27				MG
CUSTOMER Calt Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 388			520	Cliff		
CITY Iola			479	John		
STATE Ks		ZIP CODE				

JOB TYPE L/S 0 HOLE SIZE 7 7/8" HOLE DEPTH 1025' CASING SIZE & WEIGHT 5 1/2"
CASING DEPTH 1008' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 18.4" SLURRY VOL _____ WATER gal/sk 8" CEMENT LEFT in CASING J' shoe Jt.
DISPLACEMENT 2400 DISPLACEMENT PSI 500 MIX PSI 1000 ROP Apply RATE _____

REMARKS: Safety Meeting Rig up to 5 1/2" Casing. Break Circulation w/ 2586l water.
Mixed 80k Gel-Flush, 500l water, 2000l Metasilicate Pre-Flush, 1400l Dye water.
Mixed 1250k Thickset Cement w/ 8" Kol-Seal @ 13.4" gal. Washout Pump + liner.
Release Plug. Displace w/ 2400l water. Final Pump Pressure 500 PSI. ROP Pk to
1000 PSI. Wait 2mins. Release Pressure. Float Held. Good Cement to surface
= 786l Slurry to pit Job Complete

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	40	MILEAGE	3.65	146.00
1126A	1255k	Thickset Cement	17.00	2125.00
1110A	1000#	8" Kol-Seal	1.42	420.00
1118A	400#	Gel-Flush	.20	80.00
1102	80#	Coch	.75	60.00
1118A	100#	Metasilicate Pre-Flush	1.80	180.00
5407A	6.88 Ton	Ton-mileage	1.20	330.24
4406	1	5 1/2" Top Rubber Plug	61.00	61.00
		<u>Trucks</u>	<u>Sub Total</u>	<u>4321.24</u>
			SALES TAX	<u>184.34</u>
			ESTIMATED TOTAL	<u>4505.58</u>

Revin 3797

AUTHORIZATION Called by Glen TITLE Co-Op DATE _____

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.

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner
May 27, 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. 15-125-32008-00-00
SHAW 14-27
NESESESW, 27-32S-17E
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.

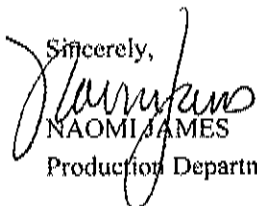
Failure to submit the following information by JUNE 24, 2014 shall be punishable by a \$500 penalty.

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,


NAOMI JAMES
Production Department

