



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1208005  
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: \_\_\_\_\_

1208005

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

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

Rig #:	5	Lic # 5150							S2	T33S	R17E	
API #:	15-099-24615-0000								Location:	SW,NE,NW,SE		
Operator:	Colt Energy Inc.								County:	Labelle		
Address:	P.O Box 388 Iola, Ks 66749											
			Gas Tests									
Well #:	10-2	Lease Name:	Reed Living Trust	Depth	Oz	Orifice	flow - MCF					
Location:	2040	FSL	Line	See Page 3								
	1700	FEL	Line									
Spud Date:	8/9/2010											
Date Completed:	8/10/2010			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	20' 6"											
Cement Type	Portland											
Sacks	4											
Geologist:	Jim Stegeman											
10LH-081010-R5-024-Reed Living Trust 10-2-CEI												
Well Log												
Top	Bottom	Formation	Top	Bottom	Formation	Top	Bottom	Formation				
0	2	overburden	195	218	shale	522	523	shale				
2	3	sandstone	218	220	blk shale	523	533	lime				
3	6	shale	220	232	lime	533	550	shale				
6	13	lime	232	281	shale	550	551	Ironpost coal				
13	111	shale	281	282	lime	551	552	shale				
111	113	blk shale	282	354	shale	552	554	Ironpost coal				
113	114	shale	354	377	Pink lime	554	560	shale				
114	114.5	lime	377	380	blk shale	560	565	sand				
114.5	125	shale	380	381	coal	565	566	Bevier coal				
125	125.5	coal	381	451	shale	566	578	shale				
125.5	172	shale	451	487	lime	578	579	Ardmore lime				
172	174.5	blk shale	487	488	shale	579	580	shale				
174.5	175.5	coal	488	492.5	Summit blk shale	580	582	blk shale				
175.5	182	lime	492.5	493	shale	582	583	Crowburg coal				
182	184	shale	493	516	lime	583	597	shale				
184	185	lime	516	517	shale	597	598	Flemming coal				
185	188	shale	517	521	Excallo blk shale	598	621	shale				
188	195	lime	521	522	Mulky coal	621	622	Mineral coal				





**CONSOLIDATED**  
Oil Well Services, LLC



**ENTERED**

TICKET NUMBER 29032

LOCATION Eureka

FOREMAN Troy Strickler

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
8-11-10	1828	Reed 10-2				Labette
CUSTOMER Celt Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 388			520	Cliff		
CITY Tola			479	John		
STATE Ks		ZIP CODE				

JOB TYPE L/S 0' HOLE SIZE 7 7/8" HOLE DEPTH 1030' CASING SIZE & WEIGHT 5 1/2"  
 CASING DEPTH 1012' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.4# SLURRY VOL \_\_\_\_\_ WATER gal/sk 8° CEMENT LEFT In CASING 3' shoe Jt.  
 DISPLACEMENT 24861 DISPLACEMENT PSI 500 MIX PSI 1000 by Py RATE \_\_\_\_\_

REMARKS: Safety meeting. Rig up to 5 1/2" casing. Break circulation w/ 25061 water.  
Pump 8sk Gel-Flush, 5061 water, 20861 Metasilicate Ac-Flush, 14061 Ave water.  
Mixed 125sk Thickset Cement w/ 8" Kol-Seal @ 13.4#/gal. Washout Pump &  
liner. Release Plug. Displace w/ 24861 water. Final Pump Pressure 500 PSI.  
Run Plug to 1000PSI wait 2mins. Release Pressure. Float Hold. Good  
Cement to surface = 7061 Slury 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	125 skt	Thick Set Cement	17.00	2125.00
1110A	1000 #	8" Kol-Seal	.42 #	420.00
1118A	400 #	Gel-Flush	.20 #	80.00
1102	80 #	Crack Pre-Flush	.75 #	60.00
1111A	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>Truck</u>	Sub Total	4321.24
			SALES TAX	860.98
			ESTIMATED TOTAL	41548.16

Ravin 3737

235875

AUTHORIZATION Called by Glen

TITLE Co-Rep.

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. 15-099-24615-00-00  
REED LIVING TRUST 10-2  
SWNENWSE, 2-33S-17E  
LABETTE County, Kansas

Dear Operator:

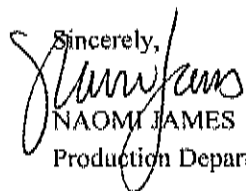
A file review for the above-referenced well shows that certain well information appears to be incomplete, in violation of K.A.R. 82-3-107(d) and K.A.R. 82-3-130.

**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"/> TID 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

