



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1208023
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: _____

1208023

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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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	S34	T31S	R17E
API #	15-125-31887-0000		Location:	NW,NW,SW,NE	
Operator:	Colt Energy Inc.		County:	Montgomery	
Address:	P.O Box 388		Gas Tests		
	Iola, Ks 66749		Well #	7-34	Lease Name: Gill
			Depth	Oz.	Office
			flow - MCF		
Location:	1550	FNL Line			
	2375	FEL Line	See Page 3		
Spud Date:	8/11/2010				
Date Completed:	8/12/2010	TD: 1065			
Driller:	Josiah Kephart / Jeff Kephart				
Casing Record	Surface	Production			
Hole Size	12 1/4"	7 7/8"			
Casing Size	8 5/8"				
Weight					
Setting Depth	22' 11"				
Cement Type	Portland				
Sacks	4				
Geologist:	Jim Stegeman				
10LH-081210-R5-025-Gill 7-34-CEI					

Well Log								
Top	Bottom	Formation	Top	Bottom	Formation	Top	Bottom	Formation
0		overburden	178	195	lime	422	461	shale
1	4	clay	195	196	Lake Neosho blk shale	461	492	Oswego lime
4	6	sand	196	221	Altamont lime	492	493	shale
6	31	shale	221	234	shale	493	496	Summit blk shale
31	34	lime	234	248	lime	496	515	2nd Oswego lime
34	37	shale	248	259	shale	515	520	shale
37	48	lime	259	269	lime	520	521	Mulky coal
48	115	shale	269	275	sandy shale	521	522	shale
115	118	lime	275	295	Weiser sand	522	528	Breezy Hills lime
118	119	shale	295	311	shale	528	538	shale
119	127	lime	311	315	sandy shale	538	539	lime
127	146	shale	315	386	shale	539	590	shale
146	148	blk shale	386	403	Pawnee lime	590	595	sandy shale
148	159	shale	403	407	shale	595	652	sand
159	162	blk shale	407	410	Anna blk shale	652	667	shale
162	167	shale	410	411.5	Lexington coal	667	673	sand
167	171	lime	411.5	417	shale	673	716	shale
171	178	shale	417	422	sand	716	720	coal



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 29035
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												
8-13-10	1828	Gill 7-34				MC												
CUSTOMER <u>Colt Energy</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>520</td> <td>Cliff</td> <td></td> <td></td> </tr> <tr> <td>543</td> <td>Allen &</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	520	Cliff			543	Allen &		
TRUCK #	DRIVER	TRUCK #					DRIVER											
520	Cliff																	
543	Allen &																	
MAILING ADDRESS <u>A.O. Box 388</u>																		
CITY <u>Iola</u>	STATE <u>Ks</u>	ZIP CODE																

JOB TYPE L/S 0 HOLE SIZE 7 7/8 HOLE DEPTH 1065' CASING SIZE & WEIGHT 5 1/2"
 CASING DEPTH 1009' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.4" SLURRY VOL _____ WATER gal/sk 8" CEMENT LEFT In CASING 3'
 DISPLACEMENT 2484 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig upto 5 1/2" casing. Break circulation w/ 2584 water
Mixed 8sk Gel-Flush, 5061 water, 2084 Metasilicate Pre-Flush, 1484 Dye water. Mixed
125sk Thick Set Cement w/ 8" Kol-Seal @ 13.4"/gal. Wash out Pump + lines.
Release Plug: Displace w/ 2484 water. Final Pump Pressure PSI. Bsp Ply
to PSI. Wait 2min. Release Pressure. Float Held. Good Cement to
surface = 861 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	125 skt	Thick Set Cement	17.00	2125.00
1110A	1000"	8" Kol-Seal Pipe	.42	420.00
1111A	100"	Metasilicate Pre-Flush	1.80"	180.00
1102	80"	Cacl ₂	.75"	60.00
1118A	400"	Gel-Flush	.20	80.00
5407A	6.88 Ton	Ton-mileage	1.20	330.24
4406	1	5 1/2" Top Rubber Ply	61.00	61.00
			Sub Total	4327.24
			SALES TAX	84.34
			ESTIMATED TOTAL	4511.58

Ravin 8737

235890

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.

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. 15-125-31887-00-00
GILL 7-34
NWNWSWNE, 34-31S-17E
MONTGOMERY County, Kansas

Dear Operator:

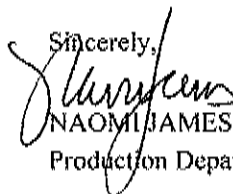
A file review for the above-referenced well shows that certain well information appears to be incomplete, in violation of K.A.R. 82-3-107(d) and K.A.R. 82-3-130.

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 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

