


WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:

 Yes No

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- | | | | |
|--|---|-------------------------------------|-------------------------------|
| <input type="checkbox"/> New Well | <input type="checkbox"/> Re-Entry | <input type="checkbox"/> Workover | |
| <input type="checkbox"/> Oil | <input type="checkbox"/> WSW | <input type="checkbox"/> SWD | <input type="checkbox"/> SIOW |
| <input type="checkbox"/> Gas | <input type="checkbox"/> D&A | <input type="checkbox"/> ENHR | <input type="checkbox"/> SIGW |
| <input type="checkbox"/> OG | <input type="checkbox"/> GSW | <input type="checkbox"/> Temp. Abd. | |
| <input type="checkbox"/> CM (Coal Bed Methane) | | | |
| <input type="checkbox"/> Cathodic | <input type="checkbox"/> Other (Core, Expl., etc.): _____ | | |

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- | | | | |
|--|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Deepening | <input type="checkbox"/> Re-perf. | <input type="checkbox"/> Conv. to ENHR | <input type="checkbox"/> Conv. to SWD |
| <input type="checkbox"/> Plug Back | <input type="checkbox"/> Conv. to GSW | <input type="checkbox"/> Conv. to Producer | |
| <input type="checkbox"/> Commingled | Permit #: _____ | | |
| <input type="checkbox"/> Dual Completion | Permit #: _____ | | |
| <input type="checkbox"/> SWD | Permit #: _____ | | |
| <input type="checkbox"/> ENHR | Permit #: _____ | | |
| <input type="checkbox"/> 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

- | | | |
|---|----------------------------------|-------------|
| <input type="checkbox"/> | Confidentiality Requested | Date: _____ |
| <input type="checkbox"/> | Confidential Release Date: _____ | |
| <input type="checkbox"/> | Wireline Log Received | |
| <input type="checkbox"/> | Geologist Report Received | |
| <input type="checkbox"/> | UIC Distribution | |
| ALT <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III | Approved by: _____ | Date: _____ |

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: 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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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FIN100

Finney Drilling Company

402685 W. 100 Road
Wann, OK 74083

INVOICE

5/30

Invoice Number: 852
Invoice Date: May 5, 2014
Page: 1

PHONE: 620-330-1420

KCC#: 5989

Federal ID#: 48-0925903

Bill To:

COLT ENERGY, INC.
P.O. BOX 388
IOLA, KS 66749

SCANNED

CUSTOMER ID#	LEASE AND WELL NUMBER	COUNTY	Due Date
COLT	BAKER		6/4/14

Quantity	Description	Unit Price	Amount
2.00	RIG TIME- 4/18/14 - Move Rig to Baker Lease	200.00	400.00
8.00	RIG TIME- 4/22/14 - Rig up on Baker BD-3. Change out Kelly's trip drill pipe in to 944. Drill cement from 944 to 970. Trip out. Trip in underreamer.	200.00	1,600.00
2.00	RIG TIME- Undeream from 954 to 970, trip out. Rig down, move rig.	200.00	400.00

Subtotal	2,400.00
Sales Tax	
Total Invoice Amount	2,400.00
Payment/Credit Applied	
TOTAL	2,400.00

120000
D13044109

MAY 8 REC'D

Summary of Changes

Lease Name and Number: Baker BD3

API/Permit #: 15-001-30584-00-00

Doc ID: 1212195

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	02/24/2014	06/30/2014
Completion Or Recompletion Date	12/27/2013	05/13/2014
Date of First or Resumed Production or SWD or Enhr Disposition Of Gas - Used on lease	No	05/13/2014 Yes
Fracturing Question 1	No	Yes
Fracturing Question 2		No
Liner Run?		No
LocationInfoLink	https://solar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=4&to	https://kolar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=4&to
Method Of Completion - Open Hole	No	Yes
Perf_Depth_1	NOT COMPLETED	952-970

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Material_1	NOT COMPLETED	2000# 20/40 SAND
Perf_Record_1	NOT COMPLETED	952-970 OPEN HOLE
Producing Method Pumping	No	Yes
Production - Barrels Oil		1.25
Production - Barrels of Water		55.27
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1190526	../../../../kcc/detail/operatorEditDetail.cfm?docID=1212195
Tubing Packer At		0
Tubing Record - Set At		949.62
Tubing Size		2

Summary of Attachments

Lease Name and Number: Baker BD3

API: 15-001-30584-00-00

Doc ID: 1212195

Correction Number: 1

Attachment Name

BAKER BD3 DRILLERS LOG FINNEY DRILLING COMPANY