



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1209066
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: _____

1209066

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Wild Colt Oil and Gas LLC
Well Name	Bixenman 1-4
Doc ID	1209066

All Electric Logs Run

Dual Induction Log
Microresistivity Log
Borehole Compensated Sonic Log
Sonic Bond Log

Global Cementing LLC

18048 I-70 Road
Russell, KS 67665

Invoice

Date	Invoice #
3/27/2014	1280

Bill To
WILD COLT OIL & GAS 8778 WOLFF COURT STE 200 WESTMINSTER, CO 80031

P.O. No.	Terms	Project
BIXENMAN#1-4	Net 30	

Quantity	Description	Rate	Amount
275	COMMON	15.50	4,262.50
10	CALCIUM	53.00	530.00
5	GEL	23.50	117.50
290	HANDLING	2.10	609.00
	BULK MILEAGE	278.40	278.40
1	TRI-PLEX PUMP CHARGE FOR SURFACE	1,050.00	1,050.00
24	PUMP TRUCK MILEAGE	6.50	156.00
24	PICKUP	2.50	60.00
1	8 5/8 WOOD PLUG	57.50	57.50
	DEDUCT 15% FROM TOTAL IF PAID WITHIN 30 DAYS OF INVOICE SHERIDAN CO	8.15%	0.00

Please remit to above address.

Total \$7,120.90

Phone #	Fax #	E-mail
785-324-2658	785-445-3526	

Global Cementing LLC

18048 I-70 Road
Russell, KS 67665

Invoice

Date	Invoice #
4/3/2014	1288

Bill To
WILD COLT OIL & GAS 8778 WOLFF COURT STE 200 WESTMINSTER, CO 80031

P.O. No.	Terms	Project
BIXENMAN#1-4	Net 30	

Quantity	Description	Rate	Amount
180	COMMON	15.50	2,790.00
16	SALT	13.00	208.00
4	GEL	23.50	94.00
7	PLASTER	22.10	154.70
2	FRICITION REDUCER	8.50	17.00
205	HANDLING	2.10	430.50
	BULK MILEAGE	196.80	196.80
1	TRI-PLEX PUMP CHARGE FOR LONGSTRING	1,750.00	1,750.00
24	PUMP TRUCK MILEAGE	6.50	156.00
24	PICKUP	2.50	60.00
	FLOAT EQUIPMENT		
10	5 1/2 CENTRALIZER	56.00	560.00
2	5 1/2 BASKET	190.00	380.00
1	5 1/2 AFU FLOAT SHOE	275.00	275.00
1	5 1/2 LD & BAFFLE	226.00	226.00
1	WEATHERFORD 5 1/2 PORT COLLAR	4,100.00	4,100.00
500	MUD FLUSH	1.00	500.00
	DEDUCT 15% FROM TOTAL IF PAID WITHIN 30 DAYS OF INVOICE SHERIDAN CO	8.15%	0.00

Please remit to above address.

Phone #	Fax #	E-mail
785-324-2658	785-445-3526	

Total \$11,898.00

Global Cementing LLC

18048 I-70 Road
Russell, KS 67665

Invoice

Date	Invoice #
5/9/2014	1323

Bill To
WILD COLT OIL & GAS 8778 WOLFF COURT STE 200 WESTMINSTER, CO 80031

P.O. No.	Terms	Project
BIXEMANN#1-4	Net 30	

Quantity	Description	Rate	Amount
255	COMMON	15.50	3,952.50T
170	POZ	8.50	1,445.00T
15	GEL	23.50	352.50T
440	HANDLING	2.10	924.00
	BULK MILEAGE	422.40	422.40
1	TRI-PLEX PUMP CHARGE FOR PLUG	1,200.00	1,200.00
24	PUMP TRUCK MILEAGE	6.50	156.00
24	PICKUP	2.50	60.00
4	CHARGED AFTER THE FIRST 4HRS OF WAITING	225.00	900.00
	DEDUCT 15% FROM TOTAL IF PAID WITHIN 30 DAYS OF INVOICE SHERIDAN CO	8.15%	468.63

Thank you for your business.

Total

\$9,881.03

Phone #	Fax #	E-mail
785-324-2658	785-445-3526	

GLOBAL CEMENTING, L.L.C.

1323

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: Russell, KS - Hovic, KS

DATE <u>5-9-14</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>5:15am</u>	JOB FINISH <u>5:45pm</u>
LEASE	WELL #.	LOCATION			COUNTY <u>Cherokee</u>	STATE <u>KS</u>	
<input checked="" type="radio"/> OLD OR NEW (CIRCLE ONE)							

CONTRACTOR PPS
 TYPE OF JOB PTA
 HOLE SIZE _____ T.D.
 CASING SIZE 5 1/2 DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS _____
 DISPLACEMENT _____

EQUIPMENT

PUMP TRUCK CEMENTER Heath
 # P1 HELPER Cody - Brad
 BULK TRUCK DRIVER Eric
 # _____ DRIVER _____

REMARKS:
Hook up to 5 1/2 casing and spot 50sy
and disp 54 bbl H2O - try to rip casing
and called spot 100sy and disp 27 bbl
H2O - @ 10:30am - R.P casing and cement
waited 4 hrs and pumped 775sy down
5 1/2 casing and shot in - some bull
and will have to top off

CHARGE TO: Wild Colt
 STREET _____
 CITY _____ STATE _____ ZIP _____

Global Cementing, L.L.C.,
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME _____
 SIGNATURE _____

OWNER _____

CEMENT AMOUNT ORDERED 425sy 60/40 4%gel

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____

TOTAL _____

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____
4 hrs wait time @ _____
 _____ @ _____
 _____ @ _____

TOTAL _____

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS

Global Cementing LLC

18048 I-70 Road
Russell, KS 67665

Invoice

Date	Invoice #
5/21/2014	1339

Bill To
WILD COLT OIL & GAS 8778 WOLFF COURT STE 200 WESTMINSTER, CO 80031

P.O. No.	Terms	Project
BIXXENMANN#1-4	Net 30	

Quantity	Description	Rate	Amount
30	COMMON	15.50	465.00
20	POZ	8.50	170.00
2	GEL	23.50	47.00
52	HANDLING	2.10	109.20
	BULK MILEAGE	48.00	48.00
1	TRI-PLEX PUMP CHARGE FOR PLUG	1,200.00	1,200.00
24	PUMP TRUCK MILEAGE	6.50	156.00
24	PICKUP	2.50	60.00
	DEDUCT 15% FROM TOTAL IF PAID WITHIN 30 DAYS OF INVOICE SHERIDAN CO	8.15%	0.00

Thank you for your business.

Phone #	Fax #	E-mail
785-324-2658	785-445-3526	

Total \$2,255.20

GLOBAL CEMENTING, L.L.C.

1339

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: Horie, KS

DATE <u>5-21-14</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Brennan</u>	WELL #. <u>1-4</u>	LOCATION			COUNTY <u>Sheridan</u>	STATE <u>KS</u>	
<input checked="" type="radio"/> OLD OR NEW (CIRCLE ONE)							

CONTRACTOR CO TOOLS

TYPE OF JOB top off well

HOLE SIZE _____ T.D. _____

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS _____

DISPLACEMENT _____

EQUIPMENT

PUMP TRUCK CEMENTER _____

HELPER _____

BULK TRUCK _____

DRIVER _____

BULK TRUCK _____

DRIVER _____

REMARKS:
Come back to top off well and pumped 50sv and topped off casing
State passed by Marwin @ KCC

CHARGE TO: wild cat

STREET _____

CITY _____ STATE _____ ZIP _____

Global Cementing, L.L.C.,
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME _____

SIGNATURE _____

OWNER _____

CEMENT AMOUNT ORDERED 50sv 60/40 4% gel

COMMON	_____ @ _____
POZMIX	_____ @ _____
GEL	_____ @ _____
CHLORIDE	_____ @ _____
ASC	_____ @ _____
	_____ @ _____
	_____ @ _____
	_____ @ _____
	_____ @ _____
	_____ @ _____
	_____ @ _____
	_____ @ _____
HANDLING	_____ @ _____
MILEAGE	_____ @ _____
	TOTAL _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE 24 _____ @ _____

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____