



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1213382
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: _____

1213382

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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Company/Operator Coit Energy Inc. P.O. Box 388 Iola, KS 66749		Well No. cl-2	Lease Name Louk	Well Location 4370s, 2145w	1/4 NW	1/4 SE	1/4 NW	Sec. 23	Twp. 26	Rge. 14E	
Well API # 15-207-28858		Type/Well Oil		County Woodson	State KS	Total Depth 1387	Date Started 4/10/2014	Date Completed 4/16/2014			
Job/Project Name/No.		Surface Record			Bit Record						
		Type	Size	From	To	Core #	Size	From	To	% Rec.	
Driller/Crew Andy King	Bit Size: 11 1/4	PDC	11 1/4	0'	44.4'	1	2 1/8"	1253'	1270'	10'	
	Casing Size: 8 5/8	PDC	6 3/4	44.4'	1387'						
	Casing Length: 44.4'										
	Cement Used: 14sx										
	Cement Type: Portland										

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	194	sand/shale	1148	1203	shale			
194	390	lime	1203	1215	shale			
390	401	shale	1215	1240	black shale			
401	458	lime	1240	1245	grey sand/shale (no odor)			
458	474	sandy shale	1245	1248	shale			
474	533	shale	1248	1253	oil sand			
533	707	lime	1253	1270	1st core			
707	803	shale	1270	1363	dark sandy shale			
803	842	soft lime	1363	1385	black shale (Riverfort)			
842	854	lime	1385	1387	miss lime			
854	949	sandy shale						
949	963	lime						
963	995	shale						
995	1014	(Ft scott) lime						
1014	1021	shale						
1021	1026	lime						
1026	1030	dark shale						
1030	1098	sandy shale						
1098	1103	black shale (coal)						
1103	1123	sandy shale						
1123	1127	lime						
1127	1145	shale						
1145	1147	coal						
1147	1148	lime						

Well Notes:

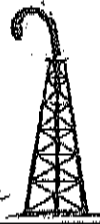
ran 1375' 4 1/2" casing.

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561

Elite

**Cementing & Acidizing
 of Kansas, LLC**

API 15-207-28858



Cement or Acid Field Report
 Ticket No. **1263**
 Foreman _____
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
4-16-14	1003	LOUK # CL-2	23	26	14E	Woods	Ks
Customer			Safety Meeting	Unit #	Driver	Unit #	Driver
Celt Energy Inc				104	Alan B		
Mailing Address				112	Chris B		
City							
State							
Zip Code							
Eureka							
KS							
11749							

Job Type 4s Hole Depth 1388 Slurry Vol. _____ Tubing _____
 Casing Depth 1375.35 Hole Size 6 3/4 Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 4 1/2 16.5 #/ft Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement 213 cu Displacement PSI 1100 Bump Plug to 1600 BPM _____

Remarks: Safety Meeting: Rig up to 4" casing. Break circulation w/ 5 bbls Fresh water. Pump 300' Gel Flush w/ hulls & 5 bbl water. 200' 100# thick set cement w/ 2" phosston. Washout pump. Lines shut down. Release plug. Displace w/ 213 cu Fresh water. Final pumping pressure 1100'. Bump plug to 1600'. Wait 2 min. Release pressure. Plug held. Cased Cement Return to surface. LHM to 27. Job complete Rig.

Thank You

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C182	1	Pump Charge	1050.00	1050.00
C107	25	Mileage	3.95	98.75
C201	160 sks	THIS IS SET CEMENT	19.5	3120.00
C208	220'	Phosston 2"	1.82	400.00
C206	300'	Gel Flush	.20	60.00
C214	40'	Hulls	.45	18.00
C103	8'	4" 20' Bump Plug	43.12	345.00
C103	1	4" 20' Bump Plug	43.12	43.12
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> 590206.867 \$5101.36 </div>				
			Sub Total	5136.75
			Sales Tax	260.47
Authorization <u>R.P. [Signature]</u> Title _____			Total	5397.22

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.