

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1213552

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: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run:			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
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 (Explain) _____					
Estimated Production Per 24 Hours	Oil	Bbbs.	Gas	Mcf	Water	Bbbs.	Gas-Oil Ratio	Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>		<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>		<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>	
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Company/Operator Colt Energy Inc. P.O. Box 388 Iola, KS 66749	Well No. cs-2	Lease Name Shafer	Well Location 4370fsl, 1815fwi	1/4 SW	1/4 NE	1/4 NM	Sec. 23	Twp. 26	Rge, 14E	
Job/Project Name/No.	Well API # 15-207-28860	Type/Well Oil	County Woodson	State KS	Total Depth 1416	Date Started 4/4/2014	Date Completed 4/9/2014			
Driller/Crew Andy King	Surface Record		Bit Record		Coring Record					
	Bit Size:	11 1/4	Type PDC	Size 11 1/4	From 0'	To 43.1	Core # 1	Size 2 1/8"	From 1240'	To 1267'
	Casing Size:	8 5/8	Type PDC	Size 6 3/4	From 43.1'	To 1416'				
	Casing Length:	43.1								
	Cement Used:	14sx								
	Cement Type:	Portland								

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	29	soil/sand	1318	1350	black sand			
29	194	shale	1350	1373	shale			
194	460	lime	1373	1380	soft shale			
460	490	shale	1380	1391	miss lime			
490	715	lime	1398	1404	soft lime			
715	841	shale	1404	1416	lime			
841	852	lime						
852	956	sandy shale						
956	974	lime						
974	998	shale						
998	1016	(FT Scott) lime						
1016	1020	dark shale						
1020	1029	lime (5')						
1029	1034	shale						
1034	1229	sandy shale						
1229	1232	black shale						
1232	1233	lime						
1233	1236	shale						
1236	1240	oil sand						
1240	1267	core #1						
1267	1310	sandy shale (grey)						
1310	1318	sand (gas odor)						

Well Notes:

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

Elite

**Cementing & Acidizing
of Kansas, LLC**

API # 15-207-28880 ✓



Cement or Acid Field Report

Ticket No. **1217**

Foreman STEVE ANDERSON

Camp EUREKA

Date <u>4/09/14</u>	Cust. ID # <u>1003</u>	Lease & Well Number <u>Schafer # CS-2</u>	Section <u>23</u>	Township <u>26</u>	Range <u>14E</u>	County <u>WO</u>	State <u>KS</u>
Customer <u>COIT Energy, INC</u>			Safety Meeting Am. <input type="checkbox"/> K.A. <input type="checkbox"/> S.M. <input type="checkbox"/>	Unit # <u>104</u>	Driver <u>Alan M.</u>	Unit # <u>111</u>	Driver <u>Kevin M.</u>
Mailing Address <u>P.O. Box 358</u>							
City <u>Iola</u>	State <u>KS</u>	Zip Code <u>66749</u>					

Job Type 4/5 Hole Depth 1416 Slurry Vol. _____ Tubing _____
Casing Depth 13 Hole Size 6 3/4 Slurry Wt. _____ Drill Pipe _____
Casing Size & Wt. 4 1/2, 10.5 #/ft Cement Left in Casing _____ Water Gal/SK _____ Other _____
Displacement 22 bbl Displacement PSI 1000 Bump Plug to 1500 BPM _____

Remarks: Soft setting. Rig up to 4" casing. Break circulation w/ 500 Fresh Water.
Pump 300" Gal Flush w/ Huls & 500 Water spacer. Mix 1 lb sls. Thick for cement w/
2" Phenosan pump. Washout pump & liner shut down. Release plug. Displace
w/ 22 bbls Fresh Water. Final pumping Pressure 1000". Bump Plug 1500"
Wait 2 min Release Pressure Plug ball. Good cement Returns to surface.
500 70 p.p.t. Job complete. Rig down.

Thank you

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1050.00	1050.00
C107	25	Mileage	3.95	98.75
C201	16 SK	THICK SET CEMENT	19.50	3120.00
C208	320	2" Phenosan pump	1.25	400.00
C206	300	Gal Flush	.20	60.00
C214	40	Huls	.45	18.00
C108A	8.5	Tool Mileage Bulk Truck	271	345.00
C403	1	4 1/2" Plug Running Plug	45.00	45.00
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;"> 59% <269.86> \$5121.36 </div>			Subtotal	5136.75
			Sales Tax	26.47
			Total	5397.22

Authorization [Signature]

Title _____

Total

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.