



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1228842  
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: \_\_\_\_\_



1228842

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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>	<b>PRODUCTION INTERVAL:</b> _____ _____
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<b>Company/Operator</b> Colt Energy Inc.		<b>Well No.</b> 9	<b>Lease Name</b> Pendley	<b>Well Location</b> 2475s, 165'e		<b>1/4</b> NE	<b>1/4</b> NE	<b>1/4</b> NE	<b>Sec.</b> 22	<b>Twp.</b> 26s	<b>Rge,</b> 14e	
P.O. Box 388 Iola, KS 66749		<b>Well API #</b> 15-207-29004		<b>Type/Well</b> Oil	<b>County</b> Woodson	<b>State</b> KS	<b>Total Depth</b> 1411	<b>Date Started</b> 8/28/2014	<b>Date Completed</b> 9/3/2014			
<b>Job/Project Name/No.</b>			<b>Surface Record</b>			<b>Bit Record</b>						
			<b>Bit Size:</b>	11 1/4	<b>Type</b>	PDC	<b>Size</b>	11 1/4	<b>From</b>	0'	<b>To</b>	42.6'
Andy King			<b>Casing Size:</b>	8 5/8	<b>Type</b>	PDC	<b>Size</b>	6 3/4	<b>From</b>	42.6'	<b>To</b>	1411
Charles King			<b>Casing Length:</b>	42.6								
			<b>Cement Used:</b>	15sx								
			<b>Cement Type:</b>	Portland								

**Formation Record**

From	To	Formation	From	To	Formation	From	To	Formation
0	9	Overberden	1143	1249	sandy shale			
9	16	lime	1249	1252	sand (oil show)			
16	214	shale	1252	1265	core (mostly shale)			
214	256	lime	1265	1284	shale			
256	265	shale	1284	1305	sandy shale			
265	427	lime	1305	1325	black sand			
427	458	soft lime	1325	1353	sandy shale			
458	476	lime	1353	1357	black shale			
476	511	shale	1357	1377	shale			
511	514	lime	1377	1379	lime			
514	555	shale	1379	1386	sandy shale (oil show)			
555	732	lime	1386	1410	soft shale			
732	833	shale	1410	1411	Miss. Lime			
833	838	lime						
838	949	sandy/shale						
1117	878	lime						
878	928	shale						
1245	971	sand						
971	1050	lime						
1050	1058	harder lime						
1386	1068	black shale						
1068	1098	lime						
1098	1141	sq. sand						
1141	1143	lime						

Well Notes:

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

15-001-29004



**Cement or Acid Field Report**

Ticket No. 1774  
 Foreman Shannon Feck  
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
10-3-14	1003	Pendley # 9	22	26	14E	Woodson	KS	
Customer Colt Energy, Inc. Mailing Address P.O. Box 388 City Iola			Safety Meeting S.F. KM		Unit #	Driver	Unit #	Driver
State KS			Zip Code 66749		105	Shannon F		
					111	Kevin M		

Job Type P.T.A <sup>NEW WELL</sup> Hole Depth 1411' Slurry Vol. \_\_\_\_\_ Tubing plug through 2 3/8"  
 Casing Depth \_\_\_\_\_ Hole Size 6 3/4 Slurry Wt. \_\_\_\_\_ Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. \_\_\_\_\_ Cement Left in Casing \_\_\_\_\_ Water Gal/SK \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement \_\_\_\_\_ Displacement PSI \_\_\_\_\_ Bump Plug to \_\_\_\_\_ BPM \_\_\_\_\_

Remarks: Safety meeting, Rig up to 2 3/8" Tubing + Set following plugs.

Pump SKS gel ahead of plugs.

- # 1 @ 1411' w/ 50 SKS
- # 2 @ 500' w/ 15 SKS
- # 3 @ 250' to surface w/ 50 SKS
- 115 SK Total

!! Thank you !!  
 Shannon & crew

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C103	1	Pump Charge	1050.00	1050.00
C107	25	Mileage	3.95	98.75
C703	115 SKS	60/40 poz mix cement	12.75	1466.25
C206	395 #	gel @ 4%	.20	79.00
C108A	1.95 Ton	Ton mileage bulk Trk	m/c	345.00
C206	500 #	gel-spacer	.20	100.00
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;">           590 &lt; 162.83 &gt;            \$ 3093.81         </div>				
			Sub Total	3139.00
			Sales Tax	117.64
Authorization <u>R.R. Ashlock</u> Title _____			Total	3256.64

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.