



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1232197
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: _____



1232197

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **1700**
 Foreman Shannon Feck
 Camp Eureka

APZ# 15-207-29006

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
9/9/14	1003	Scott #12	23	26	14E	Woodson	KS
Customer			Unit #	Driver	Unit #	Driver	
COH Energy, Inc			105	Dave G			
Mailing Address			111	John S			
P.O. Box 338							
City	State	Zip Code					
Iola	KS	66749					

Job Type L/S Hole Depth 1387' Slurry Vol. 46 Bbl Tubing _____
 Casing Depth 1352.30' Hole Size 6.75 Slurry Wt. 13.7 Drill Pipe _____
 Casing Size & Wt. 4 1/2, 10.5 #/ft Cement Left in Casing 4' Water Gal/SK 9.0 Other _____
 Displacement 21.6 Bbl Displacement PSI 800 Bump Plug to 1200 BPM Displace @ 5BPM

Remarks: Safety meeting, rig up to 4 1/2" casing. Break circulation & mix 300# Gel flush w/ hulls, 8 Bbl H2O spacer. Mixed 150 SKS Thickset cement w/ 2# phenoseal/sk @ 13.7 #/gal. Shut down wash out pump & lines & displace w/ 21.6 Bbl H2O. Final pumping pressure of 800 PSI, bumped plug to 1200 psi. Good circulation @ all times. 8-9 Bbl Slurry to pit, rig down Job complete.

" Thank you "
 Shannon & crew

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	150 SKS	Thickset Cement	19.50	2925.00
C208	300 #	Phenoseal @ 2#/sk	1.25	375.00
C206	300 #	Gel flush	.20	60.00
C214	45 #	Hulls	.45	20.25
C108A	8.25 Ton	Ton mileage bulk Tax	M/C	345.00
C403	1	4 1/2" Top Rubber plug	45.00	45.00
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> 3% Discount (357.20) \$4905.71 </div>				
			Sub Total	4919.00
			Sales Tax	244.91
Authorization <u>R. R. [Signature]</u> Title _____			Total	5163.91

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.

Company/Operator Colt Energy Inc. P.O. Box 388 Iola, KS 66749		Well No. 12		Lease Name Scott		Well Location 2475s, 885e		1/4 NW		1/4 NE		1/4 NW		Sec. 23		Twp. 26s		Rge, 14e	
Job/Project Name/No.		Well API # 15-207-29006		Type/Well Oil		County Woodson		State KS		Total Depth 1387		Date Started 9/4/2014		Date Completed 9/9/2014					
Driller/Crew Andy King Charles King		Surface Record		Bit Record		Coring Record													
Bit Size:		11 1/4		PDC		11 1/4		0'		40.6'		1		1242'		1267'		12'+-	
Casing Size:		8 5/8		PDC		6 3/4		40.6'		1387									
Casing Length:		40.6'																	
Cement Used:		15sx																	
Cement Type:		Portland																	

From		To		Formation		From		To		Formation		From		To		Formation	
0	9	overburden	1242	1267	core												
9	37	grey sand	1267	1271	oil sand												
37	188	shale	1271	1302	dark sandy shale												
188	454	lime	1302	1326	soft shale												
454	492	shale	1326	1345	sandy shale												
492	495	lime	1345	1378	black shale												
495	531	shale	1378	1387	Miss. Lime												
531	686	KC lime															
686	708	broken lime															
708	807	shale															
807	810	lime															
810	842	shale															
842	853	lime															
853	945	sandy shale															
945	953	black shale															
953	971	lime															
971	997	shale															
997	1012	lime (Ft. Scott)															
1012	1021	shale															
1021	1027	lime															
1027	1039	shale															
1039	1068	grey sand/oil show															
1068	1218	shale															
1218	1236	dark shale															
1236	1242	Sand - oil show															

Well Notes: