

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1232315

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: _____



1232315

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 (Attach Additional Sheets)	<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 (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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	_____ _____

Company/Operator Colt Energy Inc. P.O. Box 388 Iola, KS 66749	Well No. 33	Lease Name Lauber	Well Location 165' fnl, 2230' fel		1/4 NE	1/4 NW	1/4 NW	Sec. 23	Twp. 26s	Rge., - 14e	
	Well API # 15-207-29072		Type/Well Oil	County Woodson	State KS	Total Depth 1383		Date Started 10/8/2014	Date Completed 10/15/2014		
	Surface Record		Bit Record		Coring Record						
	Type	Size	From	To	Core #	Size	From	To	% Rec.		
Driller/Crew	Bit Size:	11 1/4	PDC	11 1/4	0'	42'	1	2 1/8"	1248'	1268'	3'
Andy King	Casing Size:	8 5/8	PDC	6 3/4	42.55	1383					
Charles King	Casing Length:	42.55									
	Cement Used:	15sx									
	Cement Type:	Portland									

Formation Record											
From	To	Formation	From	To	Formation	From	To	Formation	From	To	Formation
0	21	overburden	1275	1325	shale						
21	180	shale	1325	1346	sandy shale						
180	444	lime	1346	1376	black shale						
444	516	shale	1376	1383	miss lime						
516	686	kc lime									
686	801	shale									
801	805	lime									
805	834	sandy shale									
834	847	lime									
847	933	sandy shale									
933	940	black shale									
940	964	(Pawnee) lime									
964	989	shale									
989	1007	(Ft scott) lime									
1007	1014	shale									
1014	1022	5' lime									
1022	1200	shale									
1200	1202	lime									
1202	1230	Grey sandy shale									
1230	1240	sandy shale									
1240	1245	sandy shale oil odor									
1245	1248	oil sand									
1248	1268	core									
1268	1275	sand									

Well Notes:

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



Cement or Acid Field Report
Ticket No. **1784**
Foreman Rick Ledford
Camp Eureka 11'

15-207-29207

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
10/15/14	1003	Lauber # 33	23	26	14E	Woodson	KS
Customer <u>COIT Energy, Inc.</u> Mailing Address <u>P.O. BOX 388</u> City <u>Iola</u> State <u>KS</u> Zip Code <u>66749</u>			Safety Meeting PL AM JS	Unit #	Driver	Unit #	Driver
			104	Alan M.			
			112	John S.			

Job Type L/S Hole Depth 1382' Slurry Vol. 59 Bbl Tubing _____
Casing Depth 1366' Hole Size 6.75" Slurry Wt. 13.7" Drill Pipe _____
Casing Size & Wt. 4 1/2" 10.5/lb Cement Left in Casing 4' SJ Water Gal/SK 9.0 Other _____
Displacement 21.6 Bbl Displacement PSI 750 Bump Plug to 1150 BPM _____

Remarks: Safety meeting- Rig up to 4 1/2" casing. Break circulation, 1 fresh water. Mixed to sxs gel-flush w/ hulls, 5 Bbl water spacer. Mixed 160 sxs thickset cement & 2" phenosan/sk @ 13.7" / gal. Washout pump & line, release plug. Displace w/ 21.6 Bbl fresh water. Final pipe pressure 750 PSI. Bump plug to 1150 PSI release pressure, float & plug held. Good cement returns to surface = 7 Bbl slurry to pit. Job complete. Rig down.

"Thank You"

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C107	1	Pump Charge	1050.00	1050.00
C107	25	Mileage	3.95	99.75
C201	160 sxs	thickset cement	19.50	3120.00
C208	320"	2" phenosan/sk	1.25	400.00
C206	300"	gel-flush	.20	60.00
C214	45"	hulls	.45	20.25
C108A	8.8	for mileage bulk truck	m/l	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; text-align: center;"> <p>5910 <269.987> \$3129.66</p> </div>				
			Schtoel	5139.00
			Sales Tax	260.64
7.15%				
Authorization <u>R. R. [Signature]</u> Title _____			Total	5399.64

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.