



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234737
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: _____



1234737

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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Company/Operator Coit Energy Inc. P.O. Box 388 Iola, KS 66749		Well No. BJ-4		Lease Name Baker		Well Location 1465s, 1485w		1/4 SW		1/4 SW		Sec. 4		Twp. 24		Rge, 18E					
Job/Project Name/No.		Well API # 15-001-31168		Type/Well Oil		County Woodson		State KS		Total Depth 1161'		Date Started 11/19/2014		Date Completed 11/21/2014							
Driller/Crew Andy King Charles King		Surface Record		Bit Record		Coring Record		Core #		Size		From		To		% Rec.					
Bit Size:		11 1/4		PDC		11 1/4		0'		32'		1		3"		980'		1000'		20'	
Casing Size:		8 5/8		PDC		6 3/4		32'		1161											
Casing Length:		32'																			
Cement Used:		10sx																			
Cement Type:		Portland																			

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	21	Overburden	1030	1032	lime			
21	33	shale	1032	1052	sand oil show			
33	65	lime	1052	1138	sandy shale			
65	127	shale	1138	1150	shale			
127	202	lime	1150	1159	Riverton			
202	284	shale	1159	1161	Miss lime			
284	393	lime						
393	535	shale						
535	544	lime						
544	592	shale						
592	600	lime						
600	632	shale						
632	644	sand						
644	663	shale						
663	681	lime						
681	684	shale						
684	742	lime						
742	789	shale						
789	791	lime						
791	970	shale						
970	971	oil show						
971	980	Broken oil sand						
980	1000	core						
1000	1030	sand						

Well Notes:

810 E 7TH
 PO Box 92
 EUREKA, KS 67045 BJ4
 (620) 583-5561 apl #



Cement or Acid Field Report
 Ticket No. **1978**
 Foreman Shannon Feck
 Camp Eureka

15-001-3168

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
11/21/14	1003	Baker BF-4	4	24	18	Allen	KS
Customer <u>Colt Energy, Inc</u>			Safety Meeting SF DB JK	Unit # 105 113	Driver Dave G Jbeyk	Unit #	Driver
Mailing Address <u>P.O. Box 388</u>							
City <u>Toila</u>	State <u>KS</u>	Zip Code <u>66749</u>					

Job Type P.T.A ^{New Well} Hole Depth 1161 Slurry Vol. _____ Tubing _____
 Casing Depth None Hole Size 6.75 Slurry Wt. 13.7 # Drill Pipe 4"
 Casing Size & Wt. _____ Cement Left in Casing _____ Water Gal/SK 6.5 Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting, Rig up to 4" drill pipe, Break circulation & mix 300# gel flush & set following plugs

#1 @ 1160' w/ 50 SKS
#2 @ 500' w/ 15 SKS
#3 @ 280' to surface w/ 55 SKS
= 120 SKS

NOTE:

Top Outside w/ 10 SKS on well # Baker # BH-4

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C103	1	Pump Charge	1050.00	1050.00
C107	50	Mileage	3.95	197.50
C200	120 SKS	Class "A" cement	15.00	1800.00
C206	225 #	Gel @ 2%	.20	45.00
C206	300 #	Gel spacer	.20	60.00
C108A	5.64	Ton mileage	M/C	345.00
C200	10 SKS	Class "A" cement	15.00	150.00
C206	18 #	Gel @ 2%	.20	3.60
		Top outside well # Baker BH-4		
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 0 auto;"> 5910 < 190.17 > \$3613.09 </div>				
			Sub Total	3651.10
			Sales Tax 7.400%	152.34
Authorization <u>R.A. [Signature]</u> Title _____			Total	3803.44

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.