

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1235898

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: _____



1235898

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
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ 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: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <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) _____	PRODUCTION INTERVAL: _____ _____
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Mud Rotary Drilling
Andrew King - Manager/Driller

Bar Drilling, LLC
Phone: (719) 210-8806

1317 105th Rd.
Yates Center, KS 66783

Company/Operator		Well No.	Lease Name		Well Location		1/4	1/4	1/4	Sec.	Twp.	Rge,
Colt Energy Inc.		8	Cobble		1184s, 7321e		NE	NW	SE	22	26s	14e
P.O. Box 388		Well API #	Type/Well		County		State	Total Depth		Date Started	Date Completed	
Iola, KS 66749		15-207-29044	Oil		Woodson		KS	1395		9/12/2014	9/17/2014	
Job/Project Name/No.		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'	40.5	1	2 1/8"	1247'	1268'	12+-
Andy King		Casing Size:	8 5/8	PDC	6 3/4	40.5'	1395					
Charles King		Casing Length:	40.5'									
		Cement Used:	15sx									
		Cement Type:	Portland									

Formation Record								
From	To	Formation	From	To	Formation	From	To	Formation
0	16	overburden	1098	1101	soft shale			
16	44	sandstone	1101	1121	sandy shale			
44	198	shale	1121	1122	lime			
198	471	lime	1122	1198	sandy shale			
471	550	shale	1198	1234	soft shale			
550	725	lime	1234	1238	coal			
725	820	shale	1238	1243	grey sand			
820	824	lime	1243	1247	grey sand (oil show)			
824	852	shale	1247	1268	core			
852	862	lime	1268	1333	black sandy shale(odor)			
862	918	shale	1333	1344	shale			
918	956	sand	1344	1350	sand			
956	963	black shale	1350	1360	soft shale			
963	974	lime	1360	1368	sandy shale			
974	975	shale	1368	1391	soft dark shale			
975	980	lime	1391	1395	Miss. Lime			
980	1006	shale						
1006	1021	lime				Well Notes:		
1021	1028	black shale						
1028	1037	lime						
1037	1038	black shale						
1038	1049	shale						
1049	1051	lime						
1051	1098	sandy shale						

APL (620) 583-5561
15-207-29044



Ticket No. **1703**

Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
9/17/14	1003	CMC # 8	22	26	14E	W0	KS
Customer Colt Energy, Inc Mailing Address P.O. Box 388 City Iola			Safety Meeting	Unit #	Driver	Unit #	Driver
			5F	102	Chris B		
			CB	110	Scott W		
			AG	xtra Help	Allen G		
			SW				
State		Zip Code					
KS		66749					

Job Type <u>L/S</u>	Hole Depth <u>1395'</u>	Slurry Vol. <u>49 Bbl</u>	Tubing <u>—</u>
Casing Depth <u>1366'</u>	Hole Size <u>6.75"</u>	Slurry Wt. <u>13.7 #</u>	Drill Pipe <u>—</u>
Casing Size & Wt. <u>4 1/2, 10.5 #/ft</u>	Cement Left in Casing <u>4'</u>	Water Gal/SK <u>9.0</u>	Other <u>—</u>
Displacement <u>21.6 Bbl</u>	Displacement PSI <u>750</u>	Bump Plug to <u>1250 psi</u>	BPM <u>—</u>

Remarks: Safety Meeting, Rig Up to 4 1/2" casing, Break circulation mix 300# gel flush w/ huls, 10 Bbl Hzp spacer, Mixed 150stk Thickset cement w/ 2# phenoseal/sk @ 13.7#. Shut down wash out pump & lines. Displace plug w/ 21.6 Bbl Hzp. Final pumping psi of 750psi, bumped plug to 1250 psi. Plug & Float held, good circulation @ all times. 7 Bbl Slurry to pit. rig down, Job Complete.

"Thank You"
Shannon & Crew

[illegible]

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.