



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238612
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
-----------------------------------	-----------------	---

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: _____



1238612

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: _____ _____
--	---	---

Company/Operator Colt Energy Inc.		Well No. md4	Lease Name murphey	Well Location 3135's, 890'w		1/4 NW	1/4 SE	1/4 SW	Sec. 4	Twp. 24	Rge, 18E			
P.O. Box 388 Iola, KS 66749		Well API # 15-001-31172	Type/Well Oil	County Allen		State KS	Total Depth 1250		Date Started 11/25/2014	Date Completed 12/3/2014				
Job/Project Name/No.		Surface Record			Coring Record									
Driller/Crew Andy King	Bit Size: 11 1/4	Bit Size: 8 5/8	Casing Length: 32'	Cement Used: 10 sx	Cement Type: Portland	Type PDC	Size 11 1/4	From 0'	To 32'	Core #	Size 1250	From 1250	To 1250	% Rec.

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	6	Overburden	759	762	shale			
6	12	lime	762	770	oil show sandy shale			
12	31	sandy shale	770	797	shale			
31	94	lime	797	798	lime			
94	164	shale	798	836	shale			
164	212	lime	836	837	lime			
212	296	shale	837	980	shale			
296	406	lime	980	984	broken sand oil show			
406	601	shale	984	986	light brown sand			
601	610	lime	986	990	shale			
610	643	sandy shale	990	994	broken sand odor			
643	656	sand	994	1004	broken sand odor			
656	673	shale	1004	1040	sand			
673	675	lime	1040	1045	sand oil show			
675	679	shale	1045	1135	sand			
679	691	lime	1135	1162	shale			
691	697	shale	1162	1196	Top of Mississippi			
697	705	lime	1196	1199	soft brown lime			
705	719	shale	1199	1250	lime			
719	740	lime		1250	TD			
740	743	shale						
743	748	lime						
748	754	shale						
754	759	lime						

Well Notes:

no core, plugged well.

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



Cement or Acid Field Report
 Ticket No. 2025
 Foreman Steve Mead
 Camp Eureka

15-001-31172

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
12-03-14	1003	Murphey # MD-4	4	24	18E	Allen	KS
Customer			Safety Meeting	Unit #	Driver	Unit #	Driver
Colt Energy, Inc				104	Alan M		
Mailing Address				110	Scott		
P.O. Box 388							
City	State	Zip Code					
Tola	KS	66749					

Job Type PTA New Hole Depth 1250 Slurry Vol. _____ Tubing _____
 Casing Depth _____ Hole Size 6.75 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 Drill pipe. Plug well as follows.
 60 SKs AT T.D 1250'
 15 SKs AT 500'
 85 SKs AT 250' to surface + Top well off
 Total 160 SKs 60/40 Pozmix 2% Gel Job complete Rig down
 Note Pull out Drill pipe to Top well off. Ran out cement. Cement down 20'
 Thank you

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C163	1	Pump Charge	1050.00	1050.00
C167	50	Mileage	3.95	197.50
C203	160 SKs	60/40 Pozmix cement	12.75	2040.00
C206	300 ⁺	Gel 2%	.20	60.00
C206	300 ⁺	Gel Flush	.20	60.00
C208A	6.88	Ton mileage Bulk Truck	MK	345.00
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> 590 (195.627) 3116.12 </div>				
			SubTotal	3752.50
			Sales Tax 7.40%	159.84
Authorization	<u>R. R. Ashlock</u>	Title	Total	3912.34

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.

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



157

Cement or Acid Field Report
 Ticket No. 1989
 Foreman Rick Lottard
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
12/14/14	1003	Murphey # MD-4	4	24	18	Allen	KS
Customer		Safety Meeting		Unit #	Driver	Unit #	Driver
Colt Energy, Inc				105	Shannon J.		
Mailing Address				112	John S.		
PO Box 388							
City	State	Zip Code					
Iola	KS	66749					

Job Type Tapside Hole Depth _____ Slurry Vol. _____ Tubing 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 2318' tubing @ 95' Mixed 20 svcs class A cement w/ 2% gel Well full. Job complete Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C105	0	Pump Charge	n/c	n/c
C107	0	Mileage	n/c	n/c
C200	20 svcs	class A cement	15.00	300.00
C206	40 ^{lb}	2% gel	.20	8.00
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> 590 < 16.547 \$ 314.25 </div>				
			Subtotal	308.00
			Sales Tax	22.79
Authorization <u>R R Lottard</u> Title _____			Total	330.79

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.