



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1238627  
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: \_\_\_\_\_



1238627

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:  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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Company/Operator Colt Energy Inc.		Well No. 6	Lease Name Allen	Well Location 175's, 2270'e		1/4 SE	1/4 SW	1/4 SW	Sec. 22	Twp. 26s	Rge, 14e
P.O. Box 388 Iola, KS 66749		Well API # 15-207-29135	Type/Well Oil	County Woodson		State KS	Total Depth 1398	Date Started 11/4/2014	Date Completed 11/7/2014		
<b>Job/Project Name/No.</b>		<b>Surface Record</b>			<b>Bit Record</b>						
<b>Driller/Crew</b>		<b>Bit Size:</b>	11 1/4	<b>Type</b>	PDC	<b>Size</b>	11 1/4	<b>From</b>	0'	<b>To</b>	42.55'
		<b>Casing Size:</b>	8 5/8	<b>Type</b>	PDC	<b>Size</b>	6 3/4	<b>From</b>	44.55'	<b>To</b>	1398
		<b>Casing Length:</b>	44.55'								
		<b>Cement Used:</b>	15sx								
		<b>Cement Type:</b>	Portland								

**Formation Record**

From	To	Formation	From	To	Formation	From	To	Formation
0	6	Overburden	1204	1232				
6	9	lime	1232	1266				
9	12	shale	1266	1283	core			
12	16	lime	1283	1368	sandy shale			
16	203	shale	1368	1396	shale			
203	467	lime	1396	1398	lime			
467	541	shale						
541	713	Kc lime						
713	827	shale						
827	831	lime						
831	864	shale-coal						
864	872	lime						
872	918	sandy shale						
918	964	sand						
964	991	Pawnee lime						
991	993	coal						
993	1017	sandy shale						
1017	1034	Ft scott lime						
1034	1046	shale						
1046	1052	lime						
1052	1059	coal						
1059	1061	lime						
1061	1072	sand shale						
1072	1204	cattleman sand						

**Well Notes:**



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



**Cement or Acid Field Report**  
 Ticket No. **1951**  
 Foreman Rick Ledford  
 Camp Eureka Ks

02  
 # 15-207-2935

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
11-7-14	1003	Allen # 6	22	26	14E	Woodson	KS
Customer			Unit #	Driver	Unit #	Driver	
Colt Energy Inc.			104	Alan M.			
Mailing Address			111	Cliff S.			
P.O. Box 388							
City	State	Zip Code					
Iola	KS						

Job Type 45 Hole Depth 1398' Slurry Vol. 51 Bbl Tubing \_\_\_\_\_  
 Casing Depth 1386' Hole Size 6 3/4" Slurry Wt. 13.7" Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 4 1/2", 10.5#/ft Cement Left in Casing 4' 5" Water Gal/SK 90 Other \_\_\_\_\_  
 Displacement 22 Bbl Displacement PSI 750 Bump Plug to 1150 BPM \_\_\_\_\_

Remarks: Safety meeting - Rig up to 4 1/2" casing. Break circulation w/ fresh water. Pump 6 sacks gel-flush w/ hulls 10 Bbl water spacer. Mixed 160 sacks thickset cement w/ 2" phoscrete/sk @ 13.7" / gal. Washout pump + lines, release plug. Displace w/ 22 Bbl fresh water. Final pump pressure 750 PSI. Bump plug to 1150 PSI. release pressure, float + plug held. Grad cement returns to surface = 8 Bbl slurry to pit. Job complete. Rig down.

"Thank You"

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	160 sacks	thickset cement	19.50	3120.00
C208	320 <sup>+</sup>	2" phoscrete/sk	1.25	400.00
C206	300 <sup>+</sup>	gel-flush	.20	60.00
C214	45 <sup>+</sup>	hulls	.45	20.25
C108A	8.8	ton mileage bulk trk	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;">           590 &lt; 209.98 &gt;            \$5129.66         </div>				
			subtotal	5139.00
			Sales Tax	260.64
Authorization <u>R. P. [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.