



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1243480  
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: \_\_\_\_\_



1243480

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

<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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

Company/Operator Colt Energy Inc. P.O. Box 388 Iola, KS 66749		Well No. 8	Lease Name Allen	Well Location 540's, 1637'e	1/4 NE	1/4 SE	1/4 SW	Sec. 14	Twp. 26	Rge, 14e
Job/Project Name/No.		Well API # 15-207-29141	Type/Well Oil	County Woodson	State KS	Total Depth 1384	Date Started 11/10/2014	Date Completed 11/13/2014		
Driller/Crew Andy King Charles King		Surface Record		Bit Record		Coring Record				
		Bit Size: 11 1/4	Type PDC	Size 11 1/4	From 0'	To 42.6'	Core # 1	From 1256'	To 1278'	% Rec. 99
		Casing Size: 8 5/8		Size 6 3/4	From 42.6'	To 1384				
		Casing Length: 42.6'								
		Cement Used: 15sx								
		Cement Type: Portland								

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	17	Overburden	1254	1256	oil sand			
17	32	sandy shale	1256	1278	core			
32	176	shale	1278	1381	shale			
176	441	lansing lime	1381	1384	miss lime			
441	460	shale						
460	463	lime						
463	517	shale						
517	690	Kc lime						
690	806	shale						
806	811	lime						
811	837	sand shale						
	847	lime						
847	885	shale						
885	939	sand						
939	955	Pawnee						
955	990	sandy shale						
.990	1015	lime						
1015	1021	shale						
1021	1024	5' lime						
1024	1036	shale						
1039	1037	cap rock						
1037	1105	sandy shale						
1105	1108	lime						
1108	1254	sandy shale						

Well Notes:

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



**Cement or Acid Field Report**

Ticket No. 1958

Foreman Rick Ledford

Camp Eureka Ks

15-207-29141

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
11-13-14	1003	Allen #8	14	26	14	Woodson	Ks
Customer <u>Calt Energy Inc.</u>			Unit #	Driver	Unit #	Driver	
Mailing Address <u>P.O. Box 388</u>			104	Alan M.			
City <u>Iola</u>			110	Scott W.			
State <u>Ks</u>	Zip Code <u>66749</u>	Safety Meeting RL AM SW					

Job Type L/S Hole Depth 1384 Slurry Vol. 49 Bbl Tubing \_\_\_\_\_  
 Casing Depth 1369 Hole Size 6 3/4" Slurry Wt. 13.7# Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 4 1/2" Cement Left in Casing 4' 55" Water Gal/SK 9.0 Other \_\_\_\_\_  
 Displacement 2134 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 sks gel-flush w/ hells, 14 Bbl dye water. Mixed 150 sks thicvst cement w/ 2" phenol/sk @ 13.7# / gal. Washat pump + lines, release plug. Displace w/ 2134 Bbl water. Final pipe pressure 750 PSI. Bump plug to 1150 PSI. release pressure, float + plug held. Good cement returns to surface = 6 Bbl slurry to pit. Job complete Rig down.

Thank You

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C162	1	Pump Charge	1050.00	1050.00
C107	25	Mileage	3.95	98.75
C201	150 sks	thicvst cement	19.50	2925.00
C208	300"	2" phenol/sk	1.25	375.00
C206	300"	gel-flush	.20	60.00
C214	45"	hells	1.45	20.25
C168A	8.25	tar mileage bulk tax	m/c	345.00
C463	1	4 1/2" top rubber plug	45.00	45.00
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 0 auto;">           590 (257.00)            \$4905.91         </div>				
			subtotal	4919.00
			Sales Tax	244.91
Authorization <u>R.R. Ashlock</u> Title _____			7.15%	Total
				5163.91

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.