



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1247650
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: _____



1247650

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> _____				
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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Form	ACO1 - Well Completion
Operator	Colt Energy Inc
Well Name	Baker BH-4
Doc ID	1247650

All Electric Logs Run

COMPENSATED NEUTRON P
DIRECTIONAL SURVEY
PHASED INDUCTION SHALLOW FOCUS SP LOG
GAMMA RAY/NEUTRON/CCL

Mud Rotary Drilling
Andrew King - Manager/Driller

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

1317 105th Rd.
Yates Center, KS 66783

Company/Operator Colt Energy Inc. P.O. Box 388 Iola, KS 66749		Well No. BH 4	Lease Name Baker	Well Location 1465s, 1485w		1/4 SW	1/4 SW	1/4 SW	Sec. 4	Twp. 24	Rge, 18E
Job/Project Name/No.		Well API # 15-001-31170	Type/Well Oil	County Woodson		State KS	Total Depth 1141	Date Started 11/14/2014	Date Completed 11/19/2014		
Driller/Crew Andy King Charles King		Surface Record		Bit Record							
	Bit Size:	11 1/4	Type	Size	From	To	Core #	Size	From	To	% Rec.
	Casing Size:	8 5/8	PDC	11 1/4	0'	32'	1	2 1/8"	961'	987'	6'
	Casing Length:	32'	PDC	6 3/4	32'	1141					
	Cement Used:	10sx									
	Cement Type:	Portland									

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	24	overburden	960	961	oil sand			
24	40	shale	961	987	core			
40	67	lime	987	1003	soft sand			
67	128	shale	1003	1004	lime			
128	180	lime	1004	1045	soft sand			
180	193	shale	1045	1050	grey sand			
193	200	lime	1050	1065	sand oil show			
200	269	shale	1065	1107	sand			
269	325	Kc lime	1107	1137	white sand			
325	329	shale	1137	1139	coal			
329	380	lime	1139	1141	miss lime			
380	518	shale						
518	531	lime						
531	565	sandy shale						
565	576	lime						
576	647	sandy shale						
647	678	lime						
678	692	shale						
692	726	lime						
726	930	shale						
930	951	soft shale						
951	952	lime cap						
952	956	white clay						
956	960	white clay oil show						

Well Notes:

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



Cement or Acid Field Report
 Ticket No. 1977
 Foreman Shannon Feck
 Camp Eureka

15-001-31170

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
11-19-14	1003	Baker # BH-4	4	24	18	Allen	KS
Customer			Unit #	Driver	Unit #	Driver	
Mailing Address			105	Dave G			
City			110	Joey K			
State							
Zip Code							

Job Type L/S Hole Depth 1143 Slurry Vol. 35 Bbl Tubing _____
 Casing Depth 1064 Hole Size 6 1/4 Slurry Wt. 13.8 Drill Pipe _____
 Casing Size & Wt. 4 1/2" @ 44# Cement Left in Casing 4' Water Gal/SK 9.0 Other _____
 Displacement 17 Bbl Displacement PSI 600 Bump Plug to 1000 BPM Displace @ 5BPM

Remarks: Safety Meeting, Rig up to 4 1/2" casing, Break circulation & mix 300# gel flush w/ Hulls, 8Bbl H2O spacer, mixed 115 SKS Thickset cement w/ 2# phenoscal/sk @ 13.8 d/gal. Shut down wash out pump & lines. Displace w/ 17 Bbl H2O. Final pumping pressure of 600 PSI. bumped plug to 1000PSI. Plug & float held. Good circulation @ all times. Was just starting to get good cement when plug landed. Will have to go back & top off as it was falling back. Rig down job complete.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1050.00	1050.00
C107	50	Mileage	3.95	197.50
C201	115 SKS	Thickset Cement	19.50	2242.50
C208	230 #	Phenoscal @ 2#/SK	1.25	287.50
C206	300 #	gel flush	.20	60.00
C214	45 #	cottonseed Hulls	.45	20.25
C108B	6.325 ton	Ton mileage bulk Trk	1.35	426.93
C403	1	1/2 Top Rubber Plug	45.00	45.00
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> 69105506.317 114599.85 </div> "Thank You" Shannon & Crew			Sub Total	4329.68
			Sales Tax 7.40%	196.48
Authorization <u>R.R. [Signature]</u> Title _____			Total	4526.16

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.