



1248141

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

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Company/Operator Colt Energy Inc.		Well No. F3	Lease Name Cline	Well Location 810'n, 894'e		1/4 NE	1/4 SW	1/4 NE	Sec. 16	Twp. 24	Rge, 18E
P.O. Box 388 Iola, KS 66749		Well API # 15-001-31330	Type/Well Oil	County Allen		State KS	Total Depth 1030	Date Started 12/10/2014	Date Completed 12/13/2014		
Job/Project Name/No.			Surface Record			Coring Record					
			Type	Size	From	To	Core #	From	To	% Rec.	
Driller/Crew Andy King			Bit Size:	11 1/4	PDC	0'	32'	1	860'	886'	99
Charles King			Casing Size:	8 5/8	PDC	32'	1030'				
Damian King			Casing Length:	32'							
			Cement Used:	12sx							
			Cement Type:	Portland							

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	31	Overburden	886	895	oil sand			
31	79	lime	895	965	sandy shale			
79	105	shale	965	967	lime			
105	115	lime	967	977	sand, oil show			
115	159	shale	977	1016	shale			
159	278	lime	1016	1029	soft shale			
278	416	shale	1029	1030	miss lime			
416	456	sandy shale						
456	473	shale						
473	481	lime						
481	543	shale						
543	546	lime						
546	618	sandy shale						
618	624	shale						
624	629	lime						
629	664	shale						
664	666	lime						
666	762	shale						
762	772	sand						
772	810	sandy shale						
810	856	shale						
856	860	sandy shale, oil show						
860	886	core						

Well Notes:

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



3rd

Cement or Acid Field Report
 Ticket No. 2080
 Foreman Rick Ledford
 Camp Eureka KS

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
12/12/14	1003	Cline # F3	16	24	18E	Allen	KS
Customer			Safety Meeting	Unit #	Driver	Unit #	Driver
Colt Energy, Inc				105	Shannon J.		
Mailing Address				110	Scott W.		
P.O. Box 388							
City	State	Zip Code					
Iola	KS	66749					

Job Type UIS Hole Depth 1030 Slurry Vol. 34 Bbl Tubing _____
 Casing Depth 974.90 Hole Size 6.75 Slurry Wt. 13.7# Drill Pipe _____
 Casing Size & Wt. 4 1/2 10.5#/ft Cement Left in Casing 4'55" Water Gal/SK 9.0 Other _____
 Displacement 15 1/2 Bbl Displacement PSI 400 Bump Plug to 800 BPM _____

Remarks: Safety meeting - Rig up to 4 1/2" casing. Break circulation w/ fresh water. Pump to 500 gel-flush w/ bulls, 10 Bbl water spacer. Mixed 120 sacks thixot cement w/ 2" phenosol/sk @ 13.7#/gal. Washout pump + lines release plug. Displace w/ 15 1/2 Bbls water. Final pump pressure 400 PSI Bump plug to 800 PSI release pressure, float + plug held. Good cement returns to surface = 15 Bbl slurry to pit. Job complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C107	1	Pump Charge	1050.00	1050.00
C107	0	Mileage 3 rd well	3.95	0/c
C201	120 sacks	thixot cement	19.50	2340.00
C208	240 #	2" phenosol/sk	1.25	300.00
C206	306 #	gel-flush	.20	60.00
C214	45 #	bulls	.45	20.25
C108B	6.6	for mileage bulk tank	1.35	445.50
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 (2023.21) \$4242.11 </div>				
			Subtotal	4260.75
			Sales Tax	204.63
Authorization <u>R.R. Ashlock</u> Title _____			Total	4465.38

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.