

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1248141

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R 🗌 East 🗌 West
Address 2:	Feet from
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
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:	Producing Formation: Elevation: Ground: Kelly Bushing: Feet Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
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 #:	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:
☐ ENHR Permit #: ☐ GSW Permit #:	Operator Name:
Connection Connection	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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:

Page Two



Operator Name: Lease Name: _ _ Well #: _ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
 ■
 Yes
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 Yes
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 Nes
 Nes Cores Taken Electric Log Run ___ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) 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** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: **DISPOSITION OF GAS:** PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Mud Rotary Drilling			Bar	Bar Drilling, LLC), LLC						1317	1317 105th Rd.
Andrew King - Manager/Driller			Phor	Phone: (719) 210-8806	10-8806					Yate	es Center	Yates Center, KS 66783
Company/Operator	Well No.	Leas	ease Name		Well Location	on	1/4	1/4	1/4	Sec.	Twp.	Rge,
Colt Energy Inc.	F3	U	Cline		810'n, 894'e	Φ	Ä	SW	빙	16	24	18E
P.O. Box 388	Well API #		Type/Well	_	County		State	Total Depth		Date Started		Date Completed
Iola, KS 66749	15-001-31330	330	ΙΘ		Allen		KS KS	1030	0	12/10/2014		12/13/2014
Job/Project Name/No.	2			Bit R	Bit Record				ŭ	Coring Record		
	Surface Record	cord	Type	Size	From	To	Core #		Size	From	To	% Rec.
Driller/Crew	Bit Size:	11 1/4	PDC	11 1/4	,0	32'	-	.,	m ا	,098	886'	66
Andy King	Casing Size:	8 2/8	PDC	6 3/4	32'	1030'						
Charles King	Casing Length:	32'										
Damian King	Cement Used:	12sx										
	Cement Type:	Portland										
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	Formation																							
	To																	S:						
	From																	Well Notes:						
rormation Record	Formation	oil sand	sandy shale	lime	sand, oil show	shale	soft shale	miss lime																
בסב	To	895	396	296	977	1016	1029	1030																
	From	886	895	396	296	226	1016	1029																
	Formation	Overburden	lime	shale	lime	shale	lime	shale	sandy shale	shale	lime	shale	lime	sandy shale	shale	lime	shale	lime	shale	sand	sandy shale	shale	sandy shale, oil show	core
	Тo	31	79	105	115	159	278	416	456	473	481	543	546	618	624	629	664	999	762	772	810	856	098	886
	From	0	31	79	105	115	159	278	416	456	473	481	543	546	618	624	629	664	999	762	772	810	856	860

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

Authorization



3 rd

Cement or Acid Field Report

38

Total

Ticket No. 2080

Foreman RICH Led ford

Camp Evreva Ks

				· L			
Date	e Cust. ID		Section	Township	Range	County	State
12/12	1000		16	24	18E	Alles	45
Customer	7/14	Every, Zuc Safety Meeting	Unit#	Dri		Unit #	Driver
	2011 2	Weeting Meeting	105	Shar Scatt	non I		
Mailing Ad	difess, Boy		110	30011	ω .		
City	10,00				Rodge .		
City _	Tola	State Zip Code 49					
Job Type	<u>L/3</u>	Hole Depth Slu	ırry Vol	34 Bb1	Tub	oing	
Casing De	epth 974.9	2 Hole Size Slu	ırrv Wt	13.7#	Drill	l Pipe	
		10.57/F/Cement Left in Casing 4'55 Wa	ater Gal/SK	9.0	Oth	er	
		우리 기계가 가지 않는 이렇게 되게 하면 하는 것이 되었다면 하고 있다.		800			
		그러는 이번 기를 내었다고 있다. 그렇게 하지 않는 것 같다.					
Remarks	:	necting : Rig up to 41/2" casing.	Weak CI	rebtion i	- / tiesh	water Punp	6 323
901-4	Elish w/h	115, 10 Bhi water space. Mixed 12	0 5113	thicket C	emat a	1 2" phoroso	15× (a)
13.517	1/90). Was	nort purp + lines 11 least plus. Dis	place uf	15 12 13513	upte	tinal pun	pressure
		oly to ROW PSI release pressure, f	lost of pl	is held. C	ond come	nt leturns	to sulface =
15 B	b) 3/11/ to	p.t. Job complete. Rig dans					
			<u> </u>				
						4	
						3	
Code	Qty or Units	Description of Product or Services			Unit Pı	rice	Total
C102	1	Pump Charge			1050	0.06	1050.00
cion	ø	Mileage 3/21 LKII	1.11		3.	.75	nic
(201	120 345	thickset cement			19.	50 5	2340.00
(208	240 "	2th phenes to 1/SK			4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		300.00
1200		Z 11100340-13K					300.00
C206	306#	90)- 61.5)			2	0	60.00
(214	45*	bulls				15	20.25
(2)			-			3	20.23
64.00	6.6				1.3	5	LIUC TA
C103B	6.	for mileage bulk til			7.3		445.50
414.0		/// / /	- 1 to 1 t				"6
C403		The top usse plus			43	.00	45.00
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		# 1.0	<u> </u>				
		√ \$43~	10.11		Note that		* ** ** ** ** ** ** ** ** ** ** ** ** *
					Subtota	., 4	260.75
				7409	Sales	Tax	204. 103