



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1248215
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: _____



1248215

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. FL1	Lease Name Fitzpatric	Well Location 2475s, 1155'w		1/4 NE	1/4 NE	1/4 NW	Sec. 9	Twp. 24	Rge, 18E
P.O. Box 388 Iola, KS 66749		Well API # 15-001-31326	Type/Well Oil	County Allen		State KS	Total Depth 1137	Date Started 12/3/2014	Date Completed 12/10/2014		
Job/Project Name/No.		Surface Record			Coring Record						
Driller/Crew Andy King	Bit Size: 8 5/8	11 1/4	Type PDC	Size 6 3/4	From 21'	To 1137'	Core # 1	Size 3"	From 952'	To 976'	% Rec. 99
Charles King	Casing Length: 21'										
Damian King	Cement Used: 10 sx										
	Cement Type: Portland										

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	6	Overburden	950	952	oil sand			
6	54	lime	952	976	core			
54	77	shale	976	980	brown sand			
77	170	lime	980	1063	sand			
170	196	shale	1063	1070	sand, oil show			
196	201	lime	1070	1100	sandy shale			
201	247	shale	1100	1105	coal			
247	365	lime	1105	1126	shale			
365	496	shale	1126	1137	miss. Lime			
496	507	lime						
507	529	sandy shale						
529	535	lime						
535	620	shale						
620	625	lime						
625	795	sandy shale						
795	825	lime						
825	830	shale						
830	840	lime						
840	890	sandy shale, odor						
890	913	shale						
913	916	coal						
916	925	shale						
925	945	sand						
945	950	sand, oil show						

Well Notes:

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561
 15-001-31326



Cement or Acid Field Report

Ticket No. **2030**
 Foreman Steve Mason
 Camp Eureka, KS

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
12/10/14	1003	Fitzpatrick FL-1	9	24	18E	Allen	KS
Customer <u>Colt Energy, Inc.</u>			Safety Meeting	Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 388</u>				105	Dave		
City <u>Iola</u>				113	Joey		
State <u>KS</u>		Zip Code <u>66749</u>					

Job Type L/S Hole Depth 1137 Slurry Vol. _____ Tubing _____
 Casing Depth 1063 Hole Size 6.75 Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 4 1/2, 10.5 #/ft Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement 17 bbls Displacement PSI 700 Bump Plug to 1200' BPM _____

Remarks: Safety Meeting. Rig up to 4 1/2 casing. Break circulation w/ 7 bbls Fresh water. Pump 300# Gel w/ Hulls. Gel flush + 5 bbl water spacer. Mix 125 sks Thick set Cement w/ 2" Phenoseal 2 eps/sk. Washout pump + lines. Shut down. Release plug. Displace w/ 17 bbls Fresh water. Final pumping pressure 700'. Bump Plug 1200'. Release pressure. Plug held. Circulation about 3 bbls thin cement. Job complete Rig down.

Thank you

NOTE: (Well tried to Bridge off during) Displacement

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	125 sks	Thick set Cement	19.50	2437.50
C202	250 #	Phenoseal 2 eps/sk	1.25	312.50
C206	300 #	Gel Flush	.20	60.00
C214	45 #	Hulls	.45	20.25
C408B	688	Ton mileage Bulk Truck	1.35	464.06
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 < 239.98 > 4059.60 </div>				
			Subtotal	4586.81
			Sales Tax	212.77
Authorization <u>R. R. Alford</u> Title _____			Total	4799.58

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.