

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1263327

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:

- |  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> New Well              | <input type="checkbox"/> Re-Entry                         | <input type="checkbox"/> Workover   |
| <input type="checkbox"/> Oil                   | <input type="checkbox"/> WSW                              | <input type="checkbox"/> SWD        |
| <input type="checkbox"/> Gas                   | <input type="checkbox"/> D&A                              | <input type="checkbox"/> ENHR       |
| <input type="checkbox"/> OG                    | <input type="checkbox"/> GSW                              | <input type="checkbox"/> Temp. Abd. |
| <input type="checkbox"/> CM (Coal Bed Methane) |   |                                     |
| <input type="checkbox"/> Cathodic              | <input type="checkbox"/> Other (Core, Expl., etc.): _____ |                                     |

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- |  |                                       |  |                                       |
|--|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Deepening       | <input type="checkbox"/> Re-perf.     | <input type="checkbox"/> Conv. to ENHR     | <input type="checkbox"/> Conv. to SWD |
| <input type="checkbox"/> Plug Back       | <input type="checkbox"/> Conv. to GSW | <input type="checkbox"/> Conv. to Producer |                                       |
| <input type="checkbox"/> Commingled      | Permit #: _____                       |  |                                       |
| <input type="checkbox"/> Dual Completion | Permit #: _____                       |  |                                       |
| <input type="checkbox"/> SWD             | Permit #: _____                       |  |                                       |
| <input type="checkbox"/> ENHR            | Permit #: _____                       |  |                                       |
| <input type="checkbox"/> 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: \_\_\_\_\_



1263327

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 (Attach Additional Sheets)	<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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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 (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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
--	---	--

Form	ACO1 - Well Completion
Operator	Colt Energy Inc
Well Name	Knox W12
Doc ID	1263327

#### Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	780-789	500 LBS 16/30 SAND	780-789
		3450 LBS 12/20 SAND	
		.25 GAL SURFACTANT	
		50 GAL 15% HCL ACID	
		15 BALL SEALERS	
		.33 GAL ENZYME BREAKER	



Conibi

Invoice

REMIT TO

Consolidated Oil Well Services, LLC  
Dept:970  
P.O.Box 4346  
Houston, TX 77210-4346

4/30 MAIN OFFICE  
P.O.Box 884  
Chanute, KS 66720  
620/431-9210, 1-800/467-8676  
Fax 620/431-0012

Invoice#

803941

Invoice Date: 04/09/15

Terms: Net 30

Page

1

COLT ENERGY INC.

1112 RHODE ISLAND RD

IOLA KS 66749

USA

knox #w-12

6203653111

Part No	Description	Quantity	Unit Price	Discount(%)	Total
5401	Cement Pumper	1.000	1,085.0000	30.000	759.50
5406	Mileage Charge	30.000	4.2000	30.000	88.20
5402	Casing Footage	917.000	0.0000	0.000	0.00
5407	Min. Bulk Delivery Charge	1.000	368.0000	30.000	257.60
5502C	80 Vacuum Truck Cement	2.000	0.0000	0.000	0.00
1126	Oil Well Cement	110.000	19.7500	30.000	1,520.75
1118B	Premium Gel / Bentonite	100.000	0.2200	30.000	15.40
1107	Flo-Seal	28.000	2.4700	30.000	48.41
4404	4 1/2 Rubber Plug	1.000	47.2500	30.000	33.08

Subtotal 3,889.91

Discounted Amount 1,166.97

SubTotal After Discount 2,722.94

Amount Due 4,060.92 If paid after 05/09/15

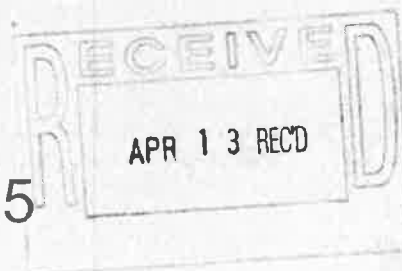
Tax: 119.70

Total: 2,842.64

116000

D/5002203

APPROVED JA 4/14/2015



BARTLESVILLE, OK  
918/338-0808

EL DORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7554

PONCA CITY, OK  
580/762-2303

OAKLEY, KS  
785/672-8822

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

GILLETTE, WY  
307/686-4914

CUSHING, OK  
918/225-2850

**PO Box 884, Chanute, KS 66720**  
**620-431-8210 or 800-467-8676**

INVOICE #803941

## FIELD TICKET & TREATMENT REPORT

**TICKET NUMBER** 50931

LOCATION Oxhawa KS

FOREMAN Fred Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-8-15	1828	Kmax W. 12	NE 23	25	19	AL
CUSTOMER Calt Energy Inc.						
MAILING ADDRESS 1112 Rhode Island Rd						
CITY Iola	STATE KS	ZIP CODE 66749				

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Erc Mad		
495	John Bar		
675	Mike Del		
503	Art Mad		

JOB TYPE <u>Long string</u>	HOLE SIZE <u>6 3/4</u>	HOLE DEPTH <u>922</u>	CASING SIZE & WEIGHT <u>4 1/2"</u>
CASING DEPTH <u>917</u>	DRILL PIPE <u>Baffle</u>	TUBING @ <u>914</u>	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER <u>gal/ft</u>	CEMENT LEFT in CASING <u>3' + 2 lbs</u>
DISPLACEMENT <u>14.288L</u>	DISPLACEMENT PSI _____	MX PSI _____	RATE <u>580m</u>

REMARKS: Hold Safety meeting. Establish circulation. Mixt Pump 100# Gel  
Flush. Mixt Pump 9 BBL Teallite dye. Mixt Pump 110 SWS  
OWC Cement w/  $\frac{1}{4}$ " Flo Seal/sk. Flush pump & lines clean  
Displace  $4\frac{1}{2}$ " Rubber plug to Baffle in casing. Pressure to  
600 PSI. Release pressure to Set Float Valve. Shut in  
Casing.

Andy King Drilling.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 <sup>00</sup>
5406	30 mi.	MILEAGE	495	126 <sup>00</sup>
5402	97	Casing Footage	N/C	
5407	Minimum	Ten Miles	503	368 <sup>00</sup>
5502	2 hrs	80 BBL Vac Truck	675	— AM
		Sub Total	1575 <sup>00</sup>	
		Less 30%	- 473.70	1105.30
1126	110 SKS	OWC Cement	2172 <sup>50</sup>	
1118B	100 <sup>00</sup>	Premium Gel	22 <sup>00</sup>	
1107	28 <sup>00</sup>	Elo Seal	67 <sup>15</sup>	
4404	1	4 1/2" P/Lg	47 <sup>35</sup>	
		Sub Total	2310 <sup>21</sup>	
		Less 30%	- 693 <sup>07</sup>	1617 <sup>14</sup>

Bredin SZ57

### AUTHORIZATION

**TITLE**

DATE \_\_\_\_\_

SALES TAX	
ESTIMATED	
TOTAL	

119 20

29426

4060.9

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

5/20

# Bar Drilling, LLC

# INVOICE

1317 105th Rd  
Yates Center, KS 66783  
(719) 210-8806 (620) 625-3679

**DATE:** April 8, 2015  
**INVOICE #**

**BILL TO:**  
Colt Energy Inc.  
P.O. Box 388  
Iola, KS 66749

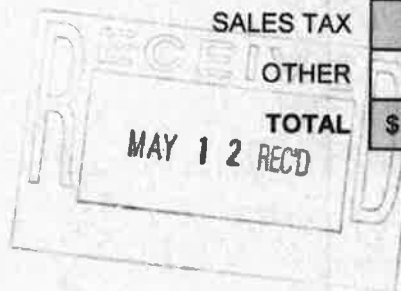
**FOR:** Knox w12  
API# 15-001-31344

DESCRIPTION	Quantity	RATE	AMOUNT
set 20.2' of 8 5/8" surface casing with 8 sacks of cement		included	
drilled 824', (8 3/4" hole)	924.00	6.00	5,544.00
core: 1	1.00	included	

APPROVED JA 5/12/2015

SUBTOTAL	\$	5,544.00
TAX RATE		
SALES TAX		-
OTHER		
TOTAL	\$	5,544.00

11600  
D15002109



THANK YOU FOR YOUR BUSINESS!



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

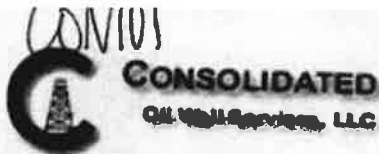
**1317 105th Rd.  
Yates Center, KS 66783**

Company/Operator Colt Energy Inc. P.O. Box 388 Iola, KS 66749		Well No. W12	Lease Name Knox	Well Location 320' fnl, 190'fel	1/4 NE	1/4 NE	1/4 NE	Sec. 23	Twp. 25S	Rge, 19E *	
		Well API # 15-001-31344	Type/Well Oil	County Allen	State KS	Total Depth 924	Date Started 4/6/2015	Date Completed 4/8/2015			
		Job/Project Name/No.									
Driller/Crew  Andy 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'	21.5'	1	3"	779'	798.5'	80+-
	Casing Length:	21.5'	PDC	6 3/4	21.5'	924'					
	Cement Used:	8 sx									
	Cement Type:	Portland									

[illegible]







## REMIT TO

Consolidated Oil Well Services, LLC  
Dept:970  
P.O.Box 4346  
Houston, TX 77210-4346

8/20 MAIN OFFICE  
P.O.Box 884  
Chanute, KS 66720  
620/431-9210, 1-800/467-8676  
Fax 620/431-0012

Invoice

Invoice#

805033

Invoice Date: 07/24/15

Terms: Net 30

Page 1

COLT ENERGY INC.

1112 RHODE ISLAND RD  
IOLA KS 66749  
USA  
6203653111

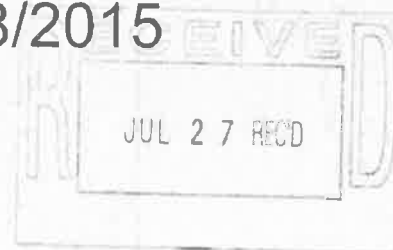
Knox #W12

15001-31344

Part No	Description	Quantity	Unit Price	Discount(%)	Total
FE0251	Combo Unit, 1,300 HHP 1st (4) Four Hours	1.000	3,500.0000	58.000	1,470.00
FE1136	Flatbed Truck, Misc. Delivery	1.000	400.0000	58.000	168.00
AE0133	Coiled Hose Acid Spotter	1.000	500.0000	58.000	210.00
FC5005	15% Uninhibited HCL Acid (22 Baume)	50.000	3.9000	58.000	81.90
FC5251	CIA-2, Corrosion Inhibitor < 250 Degree F (Non-Acetylenic)	0.120	60.0000	58.000	3.02
FC5700	MaxSurf FBA (Surfactant/N.E./Remediation)	0.250	70.0000	58.000	7.35
FC5450	WG-1, Guar Gelling Agent	175.000	8.0000	58.000	588.00
FC5280	BIO-1 Powdered	2.000	35.0000	58.000	29.40
FC5481	B-7LE, Enzyme Breaker	0.330	225.0000	58.000	31.19
FE1054	3" Valve	1.000	500.0000	58.000	210.00
FE1000	Manual Ball Injector	1.000	600.0000	58.000	252.00
FC5176A	7/8" 1.3 Sp.Gr.RCN Ball Sealers	15.000	4.0000	58.000	25.20
FE0700	Proppant Delivery	40.000	0.0000	0.000	0.00
FE0002	Equipment Mileage Charge - Heavy Equipment	40.000	0.0000	0.000	0.00
WS2403	Water Transport (Frac Service)	3.000	120.0000	58.000	151.20
FP9003	16/30 Brown Sand	500.000	0.3000	58.000	63.00

116000  
D15002 219

APPROVED JA 7/28/2015



BARTLESVILLE, OK  
918/338-0808

EL DORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7564

PONCA CITY, OK  
580/762-2303

OAKLEY, KS  
785/672-8822

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

GILLETTE, WY  
307/686-4914

CUSHING, OK  
918/225-2650



**CONSOLIDATED**  
OIL WELL SERVICES, LLC

REMIT TO

Consolidated Oil Well Services, LLC  
Dept: 970  
P.O. Box 4346  
Houston, TX 77210-4346

MAIN OFFICE

P.O. Box 884  
Chanute, KS 66720  
620/431-9210, 1-800/467-8676  
Fax 620/431-0012

Invoice

Invoice#

805033

Invoice Date: 07/24/15

Terms: Net 30

Page 2

COLT ENERGY INC.

1112 RHODE ISLAND RD  
IOLA KS 66749  
USA  
6203653111

Knox #W12

Part No	Description	Quantity	Unit Price	Discount(%)	Total
FP9004	12/20 Brown Sand	3,500.000	0.3000	58.000	441.00

Subtotal 8,883.95

Discounted Amount 5,152.69

SubTotal After Discount 3,731.26

Amount Due 8,888.60 If paid after 08/23/15

Tax: 1.96

Total: 3,733.22

BARTLESVILLE, OK  
918/338-0808

EL DORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7564

PONCA CITY, OK  
580/762-2303

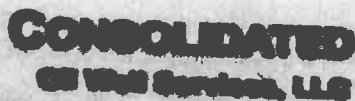
OAKLEY, KS  
785/672-8822

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

GILLETTE, WY  
307/686-4914

CUSHING, OK  
918/225-2650


$$\begin{array}{r} 3616 \\ \hline 3536 \end{array}$$

TICKET NUMBER 51016

**PO BOX 884 STREET, CHANUTE, KS 66720**  
**620-431-9210 OR 800-467-8676**

11-10-68 LOCATION Thayer

## FIELD TICKET

15-001-31344

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
7-20-15	1828	Knox # W12					AL	Calhoun
CHARGE TO				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

[illegible]

CUSTOMER or AGENTS SIGNATURE

OGWS FOREMAN

CUSTOMER or AGENT (PLEASE PRINT)

DATE 7-20-15

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records at our office, and conditions of services on the back of this form are in effect for services identified on this form.



**CONSOLIDATED**  
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

*4 1/2" well*

TICKET NUMBER 60937  
FIELD TICKET REF # 51016  
LOCATION Thayer  
FOREMAN Gary Wickel

**TREATMENT REPORT  
FRAC & ACID**

15-001-31344

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-20-15	1828	Knox # 6712				AL

CUSTOMER <i>Colt Energy Inc.</i>		
MAILING ADDRESS		
CITY	STATE	ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
754	Tosh		
745	Tramps		
482	Morans		
582	Landan		
671/T102	Brian		

**WELL DATA**

CASING SIZE <i>4 1/2</i>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
780-89	37

**TYPE OF TREATMENT**

*Acid Spot / Fracture*

**CHEMICALS**

<i>Customer Water</i>	<i>50.15% HCl Acid</i>
<i>30% Gel / Breaker</i>	<i>Inhibitor</i>
<i>Biocide</i>	<i>Magnesium</i>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<i>Pad</i>	<i>40</i>	<i>-21</i>				BREAKDOWN <i>2300</i>
<i>10/30</i>				<i>500</i>		START PRESSURE
<i>12/10</i>				<i>1500</i>		END PRESSURE
<i>12/20</i>				<i>1000</i>		BALL OFF PRESS
<i>12/30</i>				<i>500</i>		ROCK SALT PRESS
<i>12/20</i>				<i>450</i>		ISIP <i>525</i>
<i>Flush</i>	<i>12</i>					5 MIN
<i>Release</i>				<i>50 lb. sand</i>		10 MIN
<i>No Circulation</i>						15 MIN
						MIN RATE
						MAX RATE
						DISPLACEMENT <i>12.3</i>

REMARKS: *Spot acid to produce breakdown and stage*  
*Communicated to well SW*

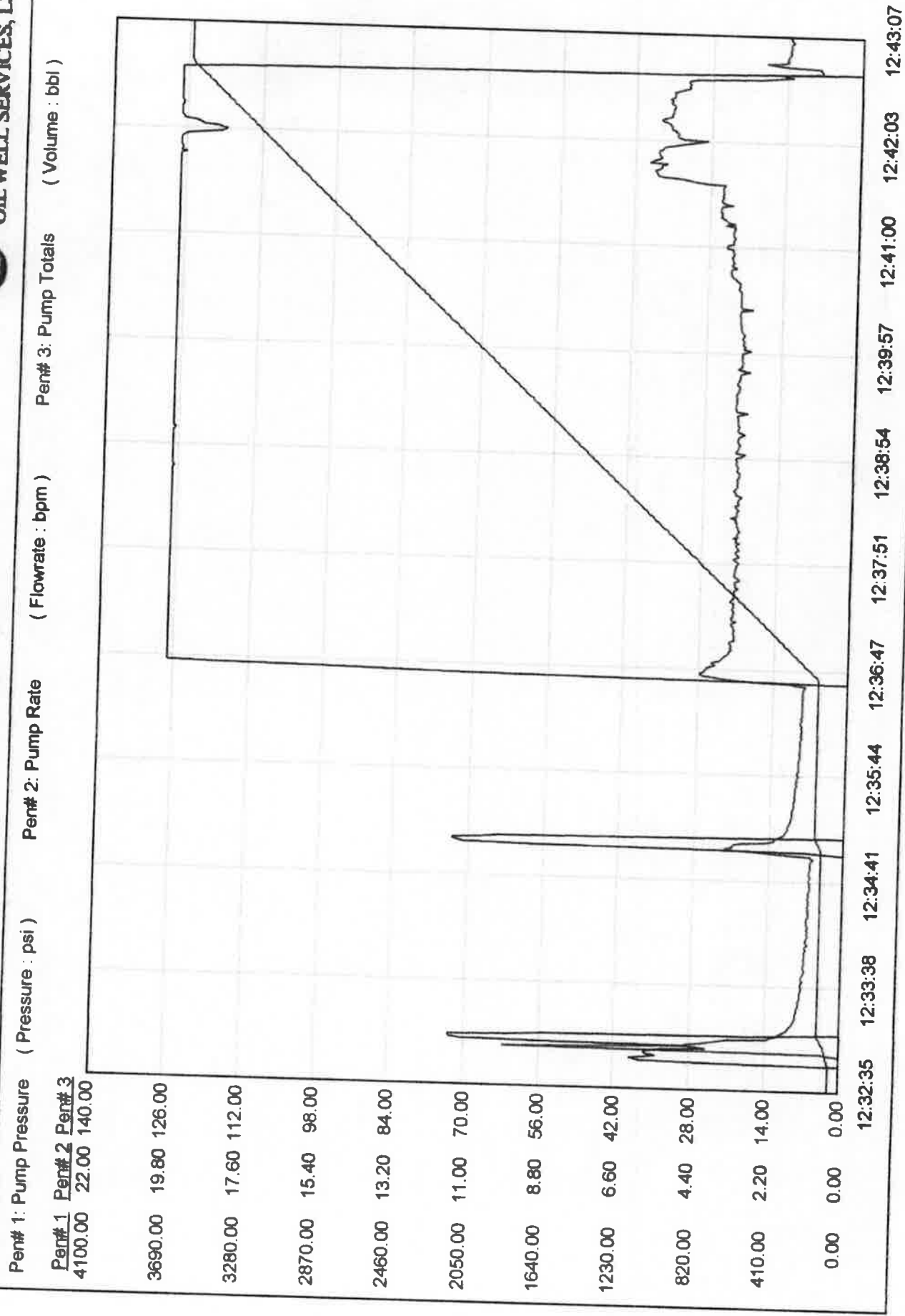
AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

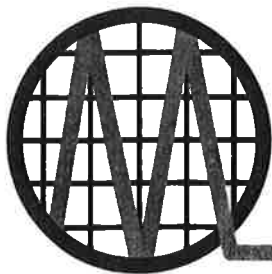
Terms and Conditions are printed on reverse side.

SERVICE COMPANY: COWS  
TICKET NO: 60937  
CUSTOMER NAME: Colt Energy Inc.  
WELL NAME: Knox#W12  
WELL LOCATION:

DATE RECORDED: 07/20/2015  
JOB NO:  
UNIT DESCRIPTION:  
UNIT NOTES:  
FILE NAME:

ColtEnergyInc\_15\_07\_20\_#4.csv





# MIDWEST SURVEYS

LOGGING • PERFORATING • CONSULTING • M.I.T. SERVICES

P.O. Box 68 • Osawatomie, KS 66064  
Phone 913-755-2128 • Fax 913-755-6533

## Perforation Record

Company: COLT ENERGY, INC.

15-001 31344

Lease/Field: KNOX LEASE

Well: # W 12

County, State: ALLEN COUNTY, KANSAS

Service Order #: 33712

Purchase Order #: N/A

Date: 6/10/2015

Perforated @: 780.0 TO 789.0

Type of Jet, Gun  
or Charge 3 3/8" DP 19 GRAM TUNGSTEN EXPENDABLE CASING GUN

Number of Jets,  
Guns or Charges: THIRTY SEVEN (37) PERFORATIONS

Casing Size: 4 1/2"