

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: <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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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COLT ENERGY, INC. — OIL OPERATION

WELL PULLING RECORD

Date 3-20-14

Lease Name Conger

Well No. A89-1

Reason for Pulling Not pumping

Type of Pump Removed _____

Special Equip. Removed (Anchors, Checks, etc.) _____

T.D., SLM _____ Fluid Level from Surface _____

Well Conditions Seen (Corrosion, Gas, Gyp, Paraffin, Sand, etc.) _____

Chemical Treatment (Kind and Amount) _____

Type of Pump Run In _____

Special Equipment (Anchors, Checks, etc.) Run In _____

Additional Information; including jack or other repairs, tubing clamp loose, and oil cleanup. _____

ran 27 joints of 1/2 fiberglass
ran ball knocker

Called In By _____

Signed By _____

[Signature]

Devin

[Signature]

COLT ENERGY INC.

MATERIAL TRANSFER

Account no.	Debit	Credit

MT № 4037

DATE

3-20 2014

From _____

To Conger A9:

Quan.	Description	Part #	Price	Amount
27Jts	1 1/2" FB pipe		787.05'	
28	O Rings			
1	C/O adaptor Jt			
1	4 1/2" wellhead			
2	O Rings			
1	2 3/8" x 2" BR Swedge			
1	2" Br Ball valve			
1	2" x 1/4" Bushing			
1	1/4" Ball valve			
1	2" x 4" BR nipple			
1	2" Br ball valve			

Approved by _____ Received by Devin
MB

Summary of Changes

Lease Name and Number: Conger A9-i

API/Permit #: 15-001-30830-00-00

Doc ID: 1282833

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved By	Deanna Garrison	NAOMI JAMES
Approved Date	04/16/2014	02/03/2016
CasingAdd_Type_PctP DF_1		0
CasingAdd_Type_PctP DF_2		0
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	LONG STRING	Production
CasingSettingDepthPD F_2	10.5	962
Completion - ENHR	No	Yes
Completion Or Recompletion Date	02/24/2014	3/14/2014
Date of First or Resumed Production or SWD or Enhr		3/14/2014

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
ENHR - Permit Number		E-10334
Producing Method Flowing	No	Yes
Save Link	../../kcc/detail/operatorEditDetail.cfm?docID=1199979	../../kcc/detail/operatorEditDetail.cfm?docID=1282833
TopsDatum1		0
TopsDatum2		0
TopsDepth1		0
TopsDepth2		0

Summary of Attachments

Lease Name and Number: Conger A9-i

API: 15-001-30830-00-00

Doc ID: 1282833

Correction Number: 1

Attachment Name

records of fiberglass tubing