KOLAR Document ID: 1324015

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

Form ACO-1
January 2018
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.:
Name:	Spot Description:
Address 1:	SecTwpS. R
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	Producing Formation:
Gas DH EOR	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	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 EOR □ Conv. to SWD □ Plug Back □ Liner □ Conv. to GSW □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	·
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	Quarter Sec TwpS. R East West County: Permit #:
	. 555

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 ☐ Drill Stem Tests Received
Geologist Report / Mud Logs Received
UIC Distribution
ALT I II Approved by: Date:

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Page Two

Operator Name:				Lease Name:			Well #:					
Sec Twp.	S. R.	Ea	st West	County:								
	lowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,				
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log				
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample				
Samples Sent to G	eological Surv	ey	Yes No	Na	me		Тор	Datum				
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No									
		Re			New Used	ion, etc.						
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives				
			ADDITIONAL	CEMENTING / SO	QUEEZE RECORD	l						
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used		Type and F	Percent Additives					
Protect Casii												
Plug Off Zon												
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	_	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,				
Date of first Producti Injection:	on/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other <i>(Explain)</i>						
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity				
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:		PRODUCTION INTERVAL:					
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom				
,	Submit ACO-18.)											
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,		hot, Cementing Squeeze Record and Kind of Material Used)					
TUBING RECORD:	Size:	Set /	At:	Packer At:								
. 5513 1200 10.	5120.		···	. 30.0.71								

Form	ACO1 - Well Completion
Operator	Colt Energy Inc
Well Name	COBBLE 13
Doc ID	1324015

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	11.75	8.625	24	42	PORTLAN D	14	NONE

Mud Rotary Drilling Andrew King - Manager/Driller

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

Mud Rotary Drilling Andrew King - Manager/Driller			Bar	Sar Drilling, LLC Phone: (719) 210-8806	Bar Drilling, LLC Phone: (719) 210-8806			20	_	131 ates Cente	1317 105th Rd. Yates Center, KS 66783
Company/Operator	Well No.	Leas	Lease Name	_	Well Location	ion	1/4	1/4 1/4	Sec.	Twb.	Rae.
Colt Energy Inc.	13	0	Sobble		1120 fsl, 1430 fel	0 fel	ž	SE SE	22	26s	14e
P.O. Box 388	Well API #		Type/Well	=	County		State	Total Depth		ed Date	Date Started Date Completed
Iola, KS 66749	15-207-29390	390	iō		Woodson		KS	1424	11/29/2016		12/2/1016
Job/Project Name/No.	Surface Becord	Page		Bit	Bit Record				Coring Record	puq	
4	Sullace Ne	100	Type	Size	From	To	Core #	Size	From	10	% Rec.
Driller/Crew	Bit Size:	11 1/4	PDC	11 1/4	,o	40,					
Andy King	Casing Size:	8 2/8	PDC	6 3/4	40.	1424					
Charles King	Casing Length:	40+,									
	Cement Used:	14sx									
	Cement Type:	Portland							53		

	Formation						2																
	From To	L																	Well Notes:	Plugged			
Formation Record	Formation																						
Form	To														Y								
	From			R S S																			
	Formation	overbuden	shale	lime	shale	lime	shale	lime	shale	lime	sandy shale	lime	shale	lime	shale	squ. Core	sandy shale	light grey sand	sandy shale (cir 5' increments)	shale	Miss. Lime	2	
	To	23	225	492	268	746	840	850	298	882	985	995	1028	1046	1070	1076	1230	1239	1329	1422	1424		
	From	0	23	225	492	999	746	840	850	867	882	985	995	1028	1046	1070	1076	1230	1239	1329	1422		