

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1351922 OIL & GAS CONSERVATION DIVISION

Form ACO-1
November 2016

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD
 Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No.: _____

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

1351922



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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Colt Energy Inc
Well Name	SCHAFFER WSW-1
Doc ID	1351922

Tops

Name	Top	Datum
LANSING	222	708
KS CITY	563	365
BASE KS CITY	740	190
"WEISER" SS	933	-3
BASE "WEISER" SS	970	-40
FT. SCOTT	1019	-89
CHEROKEE	1056	-126
SQUIRREL SS	1074	-144
BASE SQ SS	1095	-165

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Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugType	BridgePlugSet At	Material Record
4	922	924			
4	926	931			
4	934	939			
4	941	943			
4	945	952			
4	955	960			
4	962	968			

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

API # 15-207-29433



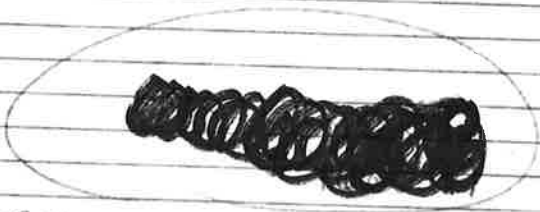
Cement or Acid Field Report
 Ticket No. 3230
 Foreman Rick Lottford
 Camp Eureka Ks

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
4-12-17	1003	Schafer WSW-1	22	26	14E	Wa	Ks
Customer <u>Calt Energy Inc.</u>		Safety Meeting PL DS 2A		Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 388</u>				<u>105</u>	<u>Dave G.</u>		
City <u>Iola</u>		State <u>Ks</u>	Zip Code <u>66749</u>	<u>113</u>	<u>Zou A.</u>		

Job Type 115 Hole Depth 1112' Slurry Vol. 48 Bbl Tubing _____
 Casing Depth 1096' Hole Size 7 7/8" Slurry Wt. 138" Drill Pipe _____
 Casing Size & Wt. 5 1/2" 15.5" Cement Left in Casing 4' 53" Water Gal/SK 9.0 Other _____
 Displacement 26 Bbl Displacement PSI 500 Bump Plug to 1000 BPM _____

Remarks: Safety meeting. Rig up to 5 1/2" casing. Break circulation w/ 27 Bbl water. Pump 6 hrs gel-flush w/ hulls. 5 Bbl water spacer. Mixed 155 sacs thickset cement w/ hulls in first 25 sacs @ 13.8"/gal. Washout pump + lines. Release 5 1/2" plug. Displace w/ 26 Bbl water. Final pump pressure 500 PSI. Bump plug to 1000 PSI. Release pressure, flood + plug held. Good cement returns to surface. 10 Bbl slurry to pit. Job complete. Rig down.

Thank You

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge		
C107	25	Mileage		
C201	155 sacs	thickset cement		
C202	310"	2" phoscon 1/3x		
C206	300"	gel-flush		
C214	80"	hulls		
C103A	8.53	tax mileage built tax		
C401	1	5 1/2" top casing plug		
			Subtotal	
			Sales Tax	
Authorization <u>R.R. Lottford</u> Title <u>Rock - Nat</u>			Total	

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.

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Pat Apple, Chairman
Shari Feist Albrecht, Commissioner
Jay Scott Emler, Commissioner

Sam Brownback, Governor

September 08, 2017

REX R. ASHLOCK
Colt Energy Inc
PO BOX 388
IOLA, KS 66749-0388

Re: ACO-1
API 15-207-29433-00-00
SCHAFER WSW-1
NE/4 Sec.22-26S-14E
Woodson County, Kansas

Dear REX R. ASHLOCK:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 4/10/2017 and the ACO-1 was received on September 08, 2017 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department