

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 # _____

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 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: _____

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)</i> <i>(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 CS-25
Doc ID	1352360

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	1278-1290	185 BBL of Gel'd water, 5 sx 16/30 sand, and 55 sx 12/20 sand	1278-1318
4	1291-1303		
4	1306-1312		
4	1314-1318		

Mud Rotary Drilling
Andrew King - Manager/Driller

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. CS-25	Lease Name Schafer	Well Location 1155' fml, 825' fwl				1/4 SE	1/4 NW	1/4 NW	Sec. 23	Twp. 26s	Rge, 14e
	Well API # 15-207-29419		Type/Well Oil	County Woodson			State KS	Total Depth 1403		Date Started 3/9/2017	Date Completed 3/15/2017	
Job/Project Name/No.	Surface Record		Bit Record				Coring Record					
			Type	Size	From	To	Core #	Size	From	To	% Rec.	
Driller/Crew	Bit Size:	11 1/4	PDC	11 1/4	0'	40	1	3"	1282	1311	95	
Andy King	Casing Size:	8 5/8	PDC	6 3/4	40	1403						
Charles King	Casing Length:	40										
	Cement Used:	14sx										
	Cement Type:	Portland										

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	26	overbuden	1063	1072	sand oil show			
26	216	shale	1072	1279	sandy shale			
216	417	Lansing Lime	1279	1282	sand oil show			
417	553	shale	1282	1311	core (good oil sand)			
553	725	KC Lime	1311	1320	sand oil show			
725	832	shale	1320	1401	sandy shale			
832	843	lime	1401	1403	Miss Lime			
843	850	shale						
850	853	lime						
853	867	shale						
867	878	lime						
878	886	shale						
886	949	sandy shale						
949	961	lime						
961	977	shale						
977	986	lime						
986	988	shale						
988	992	lime						
992	1017	shale						
1017	1033	lime						
1033	1044	shale						
1044	1049	lime						
1049	1062	shale						
1062	1063	lime						

Well Notes:
Ran 4 1/2" Casing

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



Cement or Acid Field Report
 Ticket No. **3190**
 Foreman Rick Ledford
 Camp Eureka, KS

15-207-29419

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
3-15-17	1003	Schafer # CS-25	23	26	14E	Woodson	Ks
Customer Colt Energy Inc.			Unit #		Driver		Unit #
Mailing Address Box 388			105		Dave G		
City Tola			112		Kauon M		
State Ks		Zip Code 66719					

Job Type LIS Hole Depth 1403 Slurry Vol. 47 BW Tubing _____
 Casing Depth 1393.30 Hole Size 6 3/4" Slurry Wt. 13.8 Drill Pipe _____
 Casing Size & Wt. 4 1/2" 11.6 lb/ft Cement Left in Casing 4' 35" Water Gal/SK 9.0 Other _____
 Displacement 21.5 Bbl Displacement PSI 600 Bump Plug to 1000 BPM _____

Remarks: Safety meeting - Rig up to 4 1/2" casing. Break circulation w/ fresh water. Pump 6
SKS gel-flush w/ huls, 5 Bbl water spacer. Mixed 155 SKS thixet cement w/ 2" phoscolite
@ 13.8"/gal. Washout pump + lower cement plug. Displace w/ 21.5 Bbl water. Final pump
pressure 600 PSI. Bump plug to 1000 PSI. release pressure. float + plug held. Good cement
returns to surface - 8 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	2000	2000
C107	25	Mileage	800	20000
C201	155 sks	thixet cement	100	15500
C208	310"	2" phoscolite	100	31000
C206	300"	gel-flush	80	24000
C214	40"	huls	80	3200
C102A	8.50	ton mileage bulk tax	200	1700
C403	1	1 1/2" top rubber plug	1000	1000
Subtotal			2000	2000
Sales Tax			200	200
Total			2000	2000

Authorization Rick Ledford Title _____

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.