

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-26
Doc ID	1352409

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	1291-1304	169 BBL of Gel'd water, 5 sx 16/30 sand, and 45 sx 12/20 sand	1291-1312
4	1309-1312		

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



Cement or Acid Field Report
 Ticket No. **3229**
 Foreman Rick Ledford
 Camp Eureka, KS

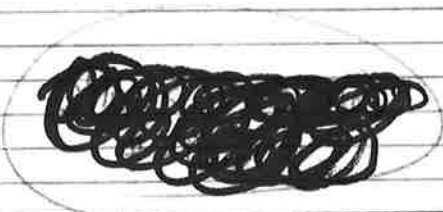
15-207-29420

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
3-29-17	1003	Schafer "CS-26"	23	26	14E	Wa	Ks
Customer <u>Call Energy Inc.</u>			Unit #	Driver	Unit #	Driver	
Mailing Address <u>P.O. Box 388</u>			<u>105</u>	<u>Dave G.</u>			
City <u>Idola</u>			<u>111</u>	<u>Zach A.</u>			
State <u>Ks</u>	Zip Code <u>66749</u>						

Job Type L/S Hole Depth 1394' Slurry Vol. 47 Bbl Tubing _____
 Casing Depth 1372.5' Hole Size 6 3/4" Slurry Wt. 13.8" Drill Pipe _____
 Casing Size & Wt. 4 1/2" Cement Left in Casing 4'5.5" Water Gal/SK 9" Other _____
 Displacement 22" Bbl Displacement PSI 1200 Bump Plug to 1100 BPM _____

Remarks: Safety meeting. Rig up to 4 1/2" casing. Break circulation w/ fresh water. Pump 6 sacs gel-flush w/ bulls, 5 Bbl water spacer. Mixed 155 sacs thickest cement w/ 2" phenoxal 1/2 @ 13.2"/gal. Washout pump + lines, release plug. Displace w/ 22" Bbl water. Final pump pressure 1200 PSI. Bump plug to 1100 PSI. Release pressure, float + plug held. Good cement returns to surface = 5 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	100	100
C107	25	Mileage	100	2500
C201	155 sacs	thickest cement	100	15500
C208	310"	2" phenoxal 1/2	100	31000
C206	300"	gel flush	100	30000
C214	40"	bulls	100	4000
C103A	8.53	top mileage bull + gel	100	853
C402	1	4 1/2" top rubber plug	100	100
			Subtotal	10000
			Sales Tax	1000

Authorization by Glenn Title _____ Total ~~10000~~

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.

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-26	Lease Name Schafer	Well Location 1485' fnl, 797' fwl				1/4 NE	1/4 SW	1/4 SW	Sec. 23	Twp. 26s	Rge, 14e
	Well API # 15-207-29420	Type/Well Oil	County Woodson				State KS	Total Depth 1394	Date Started 3/23/2017	Date Completed 3/30/2017		
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"	1290	1319	99	
Andy King	Casing Size:	8 5/8	PDC	6 3/4	40	1394						
Charles King	Casing Length:	40										
	Cement Used:	14sx										
	Cement Type:	Portland										

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	12	overbuden	1101	1106	lime			
12	206	shale	1106	1274	shale			
206	470	Lansing Lime	1274	1277	shale			
470	549	shale	1277	1279	shale			
549	720	KC Lime	1279	1281	shale			
720	786	shale	1281	1285	shale			
786	800	lime	1285	1290	oil show			
800	821	shale	1290	1319	core			
821	827	lime	1319	1392	sandy shale			
827	839	sandy shale	1392	1394	Miss Lime			
839	846	lime						
846	859	shale						
859	869	lime						
869	939	shale						
939	958	lime						
958	969	shale						
969	977	lime						
977	980	shale						
980	984	lime						
984	1010	shale						
1010	1023	lime						
1023	1053	shale						
1053	1054	lime						
1054	1101	shale						

Well Notes:
Ran 4 1/2" Casing