

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1354275
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 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: _____

1354275



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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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)*

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>			PRODUCTION INTERVAL: Top _____ Bottom _____	

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




Cement or Acid Field Report
 Ticket No. **3294**
 Foreman Russell McLin
 Camp _____

15-003-26984

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
4-24-17	1003	Martin WSW-1	29	22	19	Anderson	KS
Customer			Unit #	Driver	Unit #	Driver	
Colt Energy Inc.			102	RICK			
Mailing Address							
P.O. Box 388			114	AB			
City	State	Zip Code					
Iola	KS	66749					

Job Type 4/S Hole Depth 1375 Slurry Vol. 52 Tubing 2318
 Casing Depth 1293 Hole Size 7 1/8 Slurry Wt. 13.8 Drill Pipe _____
 Casing Size & Wt. 5 3/8 15.5 Cement Left in Casing 24 Water Gal/SK 9 Other _____
 Displacement 30 1/2 Displacement PSI 500 # Bump Plug to _____ BPM 4

Remarks: Safety meeting, Rig To 2318 Tubing, wash out 90' fill inside of 5 3/8
Tap sand @ 1260' wash clean from 1296 w/ 2 SK's Gel + 40 Bbl water.
kill tubing, Rig to 5 1/2 casing to cement. Break circulation w/ 10 Bbl water
Run 4 SK's Gel w/ H-11's 5 Bbl spacer. Mix 170 SK's T.S. cement w/ 2"
phenosanal = 52 Bbl Slurry @ 13.8 wash out Pump + Lines, Release 5 1/2 Plug
Displace w/ 30 1/2 Bbl water, leave Plug @ 1269' G.L. By wire line.
8 Bbl cement returns to surface. close cement head in to hold 5 1/2
Plug @ 1269' (NO FRONT SHOE ON BOTTOM). Job complete, Tear down.
 THANK YOU.
 Russell McLin

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-102	1	Pump Charge		
C-107	25	Mileage		
C-108				
C-201	170	SK's Thickset cement		
C-208	340 ⁺	phenosanal		
C-206	300 ^{ll}	gel Fluid		
C-214	40 ^{ll}	H-11's		
C-108A		Tax Mileage		
C-404	1	5 1/2 Top Rubber Plug		
				
			Sales Tax	
Authorization <u>R.R. [Signature]</u>		Title _____		Total <u> </u>

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
1112 RHODE ISLAND RD
IOLA, KS 66749-0388

Re: ACO-1
API 15-003-26584-00-00
MARTIN WSW-1
NW/4 Sec.29-22S-19E
Anderson 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 4/14/2017 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

Mud Rotary Drilling
Andrew King - Manager/Driller

Mud Rotary Drilling
Andrew King - Manager/Driller

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

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

Bar Drilling, LLC
1317 105th Rd.
Yates Center, KS 66783

Company/Operator Colt Energy Inc. P.O. Box 388 Iola, KS 66749	Well No. wsw:1	Lease Name Martin	Well Location 1128 fnl, 2844 fel				1/4 SE	1/4 SE	1/4 NE	Sec. 29	Twp. 22	Rge, 19E
	Well API # 15-003-26584		Type/Well Oil	County Woodson			State KS	Total Depth 1375	Date Started 4/14/2017	Date Completed 4/19/2017		
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'	41.35	1	3"	865	894	99	
Andy King	Casing Size:	8 5/8	PDC	7 7/8	40	1375	2	3"	894	921	99	
Charles King	Casing Length:	41.35										
	Cement Used:	14sx										
	Cement Type:	Portland										

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	19	overbuden	823	827	shale			
19	54	hard lime	827	832	lime			
54	69	shale	832	862	shale			
69	120	lime	862	865	sand			
120	135	shale	865	894	Core #1			
135	139	lime	894	921	Core #2			
139	267	shale	921	1222	shale			
267	289	lime	1222	1292	Miss. Lime			
289	369	shale	1292	1330	soft lime (break)			
369	479	lime	1330	1375	hard lime			
479	651	shale						
651	657	lime						
657	670	shale						
670	683	lime						
683	746	sandy shale						
746	756	lime						
756	769	shale						
769	773	lime						
773	787	shale						
787	797	lime						
797	814	shale						
814	817	lime						
817	819	shale						
819	823	lime						

Well Notes:
Ran 5 1/2" Casing