

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 \_\_\_\_\_ 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) (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-28
Doc ID	1360323

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	1330-1332	140 BBL of Gel'd water, 5 sx 16/30 sand, and 35 sx 12/20 sand	1330-1360
4	1334-1337		
4	1341-1347		
4	1353-1355		
4	1357-1360		



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



**Cement or Acid Field Report**  
 Ticket No. **3366**  
 Foreman Rick Ledford  
 Camp Eureka V3

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
6-14-17	1003	Schafer CS-28				Woodson	Ks
Customer <u>Calt Energy Inc.</u>			Safety Meeting 8 L 06 67	Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 388</u>				105	<u>Jack G.</u>		
City <u>Iola</u>				113	<u>Rick L.</u>		
State <u>Ks</u>				121	<u>Greg M.</u>		
Zip Code <u>67249</u>							

Job Type LIS Hole Depth 1454' Slurry Vol. 50 Bbl Tubing \_\_\_\_\_  
 Casing Depth 1442' Hole Size 6.314" Slurry Wt. 13.8\* Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 4 1/2" Cement Left in Casing 4.55 Water Gal/SK 90 Other \_\_\_\_\_  
 Displacement 22.9 Bbl Displacement PSI 9.72 Bump Plug to 1352 BPM \_\_\_\_\_

Remarks: Safety meeting - Rig up to 4 1/2" casing Break circulation w/ fresh water Pump to 500 gal flush w/ balls, 5 Bbl water spacer. Mixed 1165 sus thickset cement w/ 2" phenoseal/sk @ 13.8"/gal. Washout pump + lines, release 4 1/2" rubber plug. Displace w/ 22.9 Bbl water. Final pump pressure 950 PSI. Bump plug to 1352 PSI. release pressure, flood + plug lead. 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
C107	1	Pump Charge	<del>0000000000</del>	<del>0000000000</del>
C107	25	Mileage	<del>0000000000</del>	<del>0000000000</del>
C201	1165 sus	thickset cement	<del>0000000000</del>	<del>0000000000</del>
C208	330*	2" phenoseal/sk	<del>0000000000</del>	<del>0000000000</del>
C206	300*	get-flush	<del>0000000000</del>	<del>0000000000</del>
C214	4*	balls	<del>0000000000</del>	<del>0000000000</del>
C108A		tax mileage bulk tax	<del>0000000000</del>	<del>0000000000</del>
C403	1	4 1/2" top rubber plug	<del>0000000000</del>	<del>0000000000</del>
			Subtotal	<del>0000000000</del>
			Sales Tax	<del>0000000000</del>

Authorization by Andy King Title \_\_\_\_\_ Total ~~0000000000~~

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

<b>Company/Operator</b> Colt Energy Inc. P.O. Box 388 Iola, KS 66749	<b>Well No.</b> CS-28	<b>Lease Name</b> Schafer	<b>Well Location</b> 825' fnl, 1155 fwl			<b>1/4</b> NE	<b>1/4</b> SE	<b>1/4</b> NW	<b>Sec.</b> 23	<b>Twp.</b> 26s	<b>Rge,</b> 14e
	<b>Well API #</b> 15-207-29431		<b>Type/Well</b> Oil	<b>County</b> Woodson		<b>State</b> KS	<b>Total Depth</b> 1454	<b>Date Started</b> 6/8/2017	<b>Date Completed</b> 6/14/2017		
<b>Job/Project Name/No.</b>	<b>Surface Record</b>		<b>Bit Record</b>				<b>Coring Record</b>				
<b>Driller/Crew</b>	<b>Bit Size:</b>	11 1/4	<b>Type</b>	<b>Size</b>	<b>From</b>	<b>To</b>	<b>Core #</b>	<b>Size</b>	<b>From</b>	<b>To</b>	<b>% Rec.</b>
Andy King	<b>Casing Size:</b>	8 5/8	PDC	11 1/4	0'	40'	1	3"	1336	1366	100
Charles King	<b>Casing Length:</b>	40'		6 3/4	40'	1454					
	<b>Cement Used:</b>	15sx									
	<b>Cement Type:</b>	Portland									

**Formation Record**

From	To	Formation	From	To	Formation	From	To	Formation
0	47	overburden						
47	264	shale						
264	528	lansing lime						
528	604	shale						
604	775	KC lime						
775	869	shale						
869	872	lime						
872	910	shale						
910	920	lime						
920	1007	shale						
1007	1037	Ft. Scott Lime						
1037	1070	shale						
1070	1085	lime						
1085	1095	shale						
1095	1101	lime						
1101	1124	shale						
1124	1138	sand						
1138	1330	shale						
1330	1336	light brown sand (gas odor)						<b>Well Notes:</b> ran 4 1/2" casing
1336	1366	core						
1366	1396	sandy shale						
1396	1452	coal						
1452	1454	Miss Lime						