

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 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: _____

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
--	---

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
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--

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



Cement or Acid Field Report
 Ticket No. 3448
 Foreman Rick Ledford
 Camp Eureka Ks

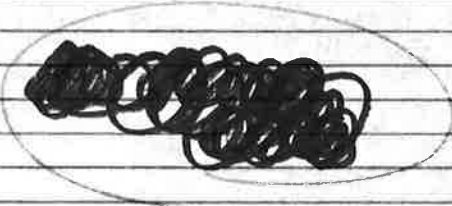
15-207-29447

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
7-20-17	1003	Cobble # 25				Woodsen	Ks	
Customer Calt Energy Inc.			Unit #		Driver		Unit #	
Mailing Address P.O. Box 388			104		Alan D.			
City Iowa			110		Rick			
State Ks		Zip Code 66749						

Job Type C/S Hole Depth 1405' Slurry Vol. 48 BM Tubing _____
 Casing Depth 1393.5' Hole Size 6.314" Slurry Wt. 13.8* Drill Pipe _____
 Casing Size & Wt. 4 1/2" Cement Left in Casing 4'53" Water Gal/SK 9.0 Other _____
 Displacement 22' BM Displacement PSI 750 Bump Plug to 1200 BPM _____

Remarks: Safety meeting - Rig up to 4 1/2" casing. Break circulation w/ fresh water. Pump 6 hrs gel-flush w/ bulls. 5 BM water spacer. Mixed 155 hrs thickset cement w/ 2" phoscol/sk @ 13.8*/gal. Washout pump + lines, release plug. Displace w/ 22' BM water. Final pump pressure 750 PSI. Bump plug to 1200 PSI. release pressure float + plug held. Good cement returns to surface = 8 BM 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	_____	_____
C107	25	Mileage	_____	_____
C201	155 hrs	thickset cement	_____	_____
C208	310"	2" phoscol/sk	_____	_____
C206	300"	gel-flush	_____	_____
C214	40"	bulls	_____	_____
C107A	8.53	for mileage bus tax	_____	_____
C403	1	4 1/2" top rubber plug	_____	_____
			Subtotal	_____
			Sales Tax	_____
Authorization <u>D. Balm</u>		Title _____	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.

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. 25	Lease Name Cobble	Well Location 165' fml 755' fel			1/4 NW	1/4 NE	1/4 NE	Sec. 27	Twp. 26s	Rge, 14e
	Well API # 15-207-29447		Type/Well Oil	County Woodson		State KS	Total Depth 1403	Date Started 7/17/2017	Date Completed 7/21/2017		
Job/Project Name/No.	Surface Record		Bit Record				Coring Record				
Driller/Crew	Bit Size:	11 1/4	Type	Size	From	To	Core #	Size	From	To	% Rec.
Andy King	Casing Size:	8 5/8	PDC	11 1/4	0'	40'	1	3"	1238	1268	99
Charles King	Casing Length:	40'									
	Cement Used:	15sx									
	Cement Type:	Portland									

Formation Record											
From	To	Formation	From	To	Formation	From	To	Formation	From	To	Formation
0	22	overburden	1315	1402	sandy shale						
22	191	shale	1402	1403	Miss Lime						
191	462	lansing lime									
462	540	shale									
540	718	KC lime									
718	842	shale									
842	854	lime									
854	862	shale									
862	867	lime									
867	943	sandy shale									
943	961	lime									
961	967	shale									
967	972	lime									
972	1000	shale									
1000	1016	Ft. Scott lime									
1016	1020	shale									
1020	1026	lime									
1026	1042	shale									
1042	1060	sq sand									
1060	1230	shale									
1230	1233	cir. Shale									
1233	1238	cir oil show									
1238	1268	core									
1268	1315	dark sand									

Well Notes:
ran 1393.45' of 4 1/2" casing