KOLAR Document ID: 1376915

Confidentiality Requested:

Yes No

Kansas Corporation Commission 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 #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ DH ☐ EOR	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)	
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Described	Chloride content: ppm Fluid volume: bbls
☐ Commingled Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Location of fluid disposal if flauled offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
Recompletion Date Recompletion Date	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:

KOLAR Document ID: 1376915

Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS.	R	East	West	County:					
open and closed and flow rates if	, flowing and s gas to surface ty Log, Final L	shut-in pressu test, along wi ogs run to ob	res, whe ith final c tain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if i and Final Electi	station more ric Lo	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery, Digital electronic log
Drill Stem Tests 7			Ye	es No		Lo	og Formatio	n (Top), Dept	h and Datum	Sample
Samples Sent to	Geological Su	urvey	Ye	es No		Name	•		Тор	Datum
TCores a Electric Lo Geologist		Logs	Ye	es No es No es No						
List All E. Logs F	Run:									
			Dono		RECORD [] Ne		an ata		
		Size Hole		e Casing	Weight	e, mie	mediate, producti	Type of	# Sacks	Type and Percent
Purpose of St	ring	Drilled		t (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives
				ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose: Perforate Protect Ca Plug Back	ısing	Depth op Bottom	Туре	of Cement	# Sacks Use	ed		Type a	nd Percent Additives	
Plug Off Zo										
Did you perform Does the volume Was the hydraul	e of the total bas	se fluid of the hy	draulic fra	cturing treatmen		•	Yes Service Yes Yes Yes	No (If No	o, skip questions 2 an o, skip question 3) o, fill out Page Three o	•
Date of first Produ Injection:	ction/Injection o	r Resumed Prod	duction/	Producing Meth	nod:		Gas Lift C	thor (Evaloin)		
,		Oil Di	-1-					other (Explain)	0 0:I D-#:-	Oit
Estimated Production Per 24 Hours		Oil Bl	ols.	Gas	Mcf	Wate	r Bi	ols.	Gas-Oil Ratio	Gravity
				N Open Hole	METHOD OF CO	MPLE Dually		nmingled	PRODUCTIO Top	N INTERVAL: Bottom
Vented	」Sold	sed on Lease		open note	_	,		nit ACO-4)		
(ii voine	T									
Shots Per Foot	Perforation Top	Perforati Botton		Bridge Plug Type	Bridge Plug Set At		Acid,		Cementing Squeeze Kind of Material Used)	Record
TUBING RECORI	D: Size	:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Colt Energy Inc
Well Name	SCHAFER CS-4
Doc ID	1376915

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Intermedia te	4.5	2.625	8	1250	None	0	0
Surface	11.25	8.625	24	42	Portland	15	None

Mud Rotary Drilling Andrew King - Manager/Driller

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

1317 105th Rd. Yates Center, KS 66783

Company/Operator	Well No. Leas		ase Name Well Location			ion	1/4	1/4	1/4	Sec.	Twp.	Rge,	
Colt Energy Inc.	CS-4			Shafer 2475n, 165'w			sw	sw sw	sw	23	26s	14e	
P.O. Box 388	Well API#			11	County Woodson			Total	tal Depth Date S		ted Date	Date Completed	
Iola, KS 66749	15-207-29							KS 13	94	8/23/201	4 8/	27/2014	
Job/Project Name/No.	Surface De	Surface Decard		Bit Record			Coring Record						
	Surface Re	Surface Record			From	То	Core	#	Size	From	To	% Rec.	
Driller/Crew	Bit Size:	11 1/4	PDC	11 1/4	0.	42.4'	1	2	1/8"	1222'	1245'	21'+-	
Andy King	Casing Size:	8 5/8	PDC	6 3/4	42.4'	1394							
Charles King	Casing Length:	42.4'											
	Cement Used:	15sx											
	Cement Type:	Portland											

Formation Record

From	To	Formation	From	То	Formation	From	To	Formation
0	9	lime						
9	204	shale						
204	466	lime						
466	504	shale						
504	507	lime						
507	545	shale						
545	739	lime						
739	815	shale						
815	825	lime						
825	830	shale						
830	832	lime						
832	842	shale						
842	864	lime						
864	958	grey sandy shale						
958	1117	lime						
1117	1222	mostly shale						
1222	1245	core #1						
1245	1256	shale				Well Notes	:	
1256	1278	dark sandy shale						
1278	1386	sandy shale						
1386	1394	Miss lime						

Conservation Division 266 N. Main St., Ste. 220 Wichita, KS 67202-1513



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

Pat Apple, Chairman Shari Feist Albrecht, Commissioner Jay Scott Emler, Commissioner

December 26, 2017

Michelle Colt Energy Inc PO BOX 388 IOLA, KS 66749-0388

Re: ACO-1 API 15-207-29005-00-02 SCHAFER CS-4 NW/4 Sec.23-26S-14E Woodson County, Kansas

Dear Michelle:

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 8/3/2014 and the ACO-1 was received on December 20, 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