

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



**Cement or Acid Field Report**  
 Ticket No. **3549**  
 Foreman Rick Ledford  
 Camp Eureka 115

APZ 15-207-29490

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
10-25-17	1003	Conhyle # 40	22	27S	14E	W0	115
Customer <u>Colt Energy Inc</u>			Unit #		Driver		Unit #
Mailing Address <u>P.O. Box 388</u>			114		<u>Arman</u>		
City <u>Iola</u>			116		<u>Stevan</u>		
State <u>Ks</u>							
Zip Code <u>66749</u>							

Job Type L/S Hole Depth 1379' Slurry Vol. 48 Bbl Tubing \_\_\_\_\_  
 Casing Depth 1385 Hole Size 6 7/8" Slurry Wt. 13.2" Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 4 1/2, 11.6 lb/ft Cement Left in Casing 4' 5" Water Gal/SK 9.6 Other \_\_\_\_\_  
 Displacement 22 Bbl Displacement PSI 750 Bump Plug to 1250 BPM \_\_\_\_\_

Remarks: Safety meeting. Rig up to 4" casing. Break circulation w/ fresh water. Pump 6 sacs gel-flush w/ balls, 5' plug were success. Mixed 155 sacs thickset cement w/ 2" phenoxal /sr @ 13.2" /gal. Without pump & lines, release plug. Displace w/ 22 bbl water. Final pump pressure 750 PSI bump plug to 1250 PSI. Release pressure float + plug hold. Good cement returns to surface - 8 sacs slurry to p.t. Job complete. Rig down.

Thank You

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge		
C107	25	Mileage		
C201	155 sacs	thickset cement		
C202	310"	2" phenoxal /sr		
C206	300"	gel-flush		
C214	40"	balls		
C108A	8.53	ten mileage bump plug		
C403	1	4 1/2" top rubber plug		
			Subtotal	
			Sales Tax	

Authorization R. R. Ledford Title \_\_\_\_\_

Total [scribble]

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> 40	<b>Lease Name</b> Cobble	<b>Well Location</b> 805' fsl 760' fel				<b>1/4</b> 1/4	<b>1/4</b> 1/4	<b>1/4</b> SE	<b>Sec.</b> 22	<b>Twp.</b> 26s	<b>Rge.</b> 14e
	<b>Well API #</b> 15-207-29490		<b>Type/Well</b> Oil	<b>County</b> Woodson			<b>State</b> KS	<b>Total Depth</b> 1399	<b>Date Started</b> 10/20/2017	<b>Date Completed</b> 10/25/2017		
<b>Job/Project Name/No.</b>	<b>Surface Record</b>		<b>Bit Record</b>				<b>Coring Record</b>					
			<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>	
<b>Driller/Crew</b>	<b>Bit Size:</b>	11 1/4	PDC	11 1/4	0'	40'	1	3"	1260	1289	100	
Andy King	<b>Casing Size:</b>	8 5/8	PDC	6 3/4	40'	1399						
Charles King	<b>Casing Length:</b>	40'										
	<b>Cement Used:</b>	14sx										
	<b>Cement Type:</b>	Portland										

**Formation Record**

From	To	Formation	From	To	Formation	From	To	Formation
0	27	overburden						
27	199	shale						
199	464	lansing lime						
464	543	shale						
543	725	KC lime						
725	845	shale						
845	856	lime						
856	863	shale						
863	869	lime						
869	962	sandy shale						
962	975	Ft. Scott lime						
975	1002	shale						
1002	1021	lime						
1021	1044	shale						
1044	1071	sq sand						
1071	1250	sandy shale						
1250	1260	cir oil sand						
1260	1289	core						
1289	1398	sandy shale						<b>Well Notes:</b> ran 1385' of 4 1/2" casing
1398	1399	miss lime						