

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. 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. **3560**
 Foreman Kevin McCoy
 Camp EUREKA

API # 15-207-29403

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
10-20-17	1003	Cobble # 20	22	26	14E	Woodson	Ks	
Customer <u>Colt Energy</u>			Unit # <u>105</u>		Driver <u>Dave G.</u>		Unit #	Driver
Mailing Address <u>P.O. Box 398</u>			Unit # <u>110</u>		Driver <u>Kevin M.</u>			
City <u>Iola</u>			Unit # <u>127 P.U.</u>		Driver <u>GARY M.</u>			
State <u>Ks</u>		Zip Code <u>66747</u>						

Job Type Longstring Hole Depth 1440 Slurry Vol. 46 BBL Tubing _____
 Casing Depth 1426.62 Hole Size 6 3/4 Slurry Wt. 13.8 Drill Pipe _____
 Casing Size & Wt. 4 1/2 / 11.6 Cement Left in Casing 4' Water Gal/SK _____ Other _____
 Displacement 22.6 BBL Displacement PSI 850 Bump Plug to 1250 P.U. BPM _____

Remarks: SAFETY Meeting. Rig up to 4 1/2 casing. Break circulation w/ 5 BBL fresh water. Pump 300' Gel Flush w/ HULLS, 5 BBL water spacer. MIXED 155 SK THICK SET Cement w/ 2" Pheno Seal / SK @ 13.8 gal = 46 BBL slurry. wash out pump & lines. shut down. Release Plug. Displace Plug to seat w/ 22.6 BBL fresh water. Final Pumping Pressure 850 PSI. Bump Plug to 1250 P.U. wait 2 mins. Release Pressure. Float Hold. Shut in @ 0 PSI. Good Cement Returns to SURFACE = 2 BBL slurry to int. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge		
C 107	25	Mileage		
C 201	155 SK	THICK SET Cement		
C 208	310 "	Pheno Seal 2" / SK		
C 206	300 "	Gel Flush		
C 214	40 "	HULLS		
C 108 A	8.53 TONS	Ton Mileage		
C 403	1	4 1/2 Top Rubber Plug		
		THANK YOU		
		7.5%	Sales Tax	
Authorization <u>[Signature]</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. 2520	Lease Name Cobble	Well Location 490' fnl 1745' fel				1/4 SE	1/4 SW	1/4 SE	Sec. 22	Twp. 26s	Rge, 14e
	Well API # 15-207-29403		Type/Well Oil	County Woodson			State KS	Total Depth 1440	Date Started 10/16/2017	Date Completed 10/19/2017		
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'	40'	1	3"	1265	1294	99	
Andy King	Casing Size:	8 5/8	PDC	6 3/4	40'	1440	2	3"	1294	1323	99	
Charles King	Casing Length:	40'										
	Cement Used:	15sx										
	Cement Type:	Portland										

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	35	overburden						
35	239	shale						
239	508	lansing lime						
508	587	shale						
587	774	KC lime						
774	857	shale						
857	861	lime						
861	875	shale						
875	899	lime						
899	999	sandy shale						
999	1022	Ft. Scott lime						
1022	1053	shale						
1053	1082	lime						
1082	1090	sq sand, oil show						
1090	1264	sandy shale						
1264	1265	oil show						
1265	1294	1st core						
1294	1323	2nd core						
1323	1439	sandy shale						Well Notes: ran 1426.82' of 4 1/2" casing
1439	1440	miss lime						