

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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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. 9	Lease Name Cobble	Well Location 1186s, 1060e				1/4 NW	1/4 NW	1/4 SE	Sec. 22	Twp. 26s	Rge, 14e
	Well API # 15-207-29045		Type/Well Oil	County Woodson			State KS	Total Depth 1414	Date Started 9/17/2014	Date Completed 9/25/2014		
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'	40.5	1	2 1/8"	1062'	1089'		
Andy King	Casing Size:	8 5/8	PDC	6 3/4	40.5'	1414'	2	"	1240'	1263'		
Charles King	Casing Length:	40.5'					3	"	1265'	1294'		
	Cement Used:	15sx										
	Cement Type:	Portland										

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	11	overburden	1263	1265	lime			
11	13	lime	1265	1294	core #3			
13	211	shale	1294	1306	black sandy shale (odor)			
211	472	lime	1306	1353	sandy shale			
472	550	shale	1353	1408	shale			
550	732	lime	1408	1414	miss. Lime			
732	862	shale						
862	870	lime						
870	921	shale						
921	971	sand						
971	987	lime						
987	990	black shale						
990	1014	sandy shale						
1014	1062	lime						
1062	1089	core #1						
1089	1113	lime						
1113	1115	lime						
1115	1124	shale						
1124	1126	lime						
1126	1224	black shale						
1224	1237	shale						
1237	1240	lime						
1240	1263	core #2						

Well Notes:

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



API # 15-207-29015

Cement or Acid Field Report
 Ticket No. 1705
 Foreman Shannon Feck
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
9-25-14	1003	Cobble # 9	22	26S	14E	Woodson	KS
Customer <u>Colt Energy, INC</u>			Safety Meeting	Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 388</u>			SF	105	Dave G		
City <u>Iola</u> State <u>KS</u> Zip Code <u>66749</u>			JS	112	John S		
			DB				

Job Type L/S Hole Depth 1418 Slurry Vol. 44 Bbl Tubing —
 Casing Depth 1359.2 Hole Size 6 7/8" Slurry Wt. 13.7 # Drill Pipe —
 Casing Size & Wt. 4 1/2 @ 10.50 # Cement Left in Casing 4' Water Gal/SK 90 Other —
 Displacement 21 3/4 Displacement PSI 700 Bump Plug to 1100 BPM —

Remarks: Safety meeting, Rig up to 4 1/2" casing. Break circulation, mix 300 # gel flush w/ hulls, 7-8 Bbl H2O spacer, mixed 150SKS Thick Set cement w/ 2 # phenoseal/SK @ 13.7-13.8 #/gal. Shut down wash out pump & lines, displace w/ 21 3/4 Bbl H2O, final pumping pressure of 700 PSI, bump plug to 1100 psi. Good circulation @ all times. 4 Bbl Slurry to pit. rig down Job complete.

" Thank You "
 Shannon & Crew

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	100	100
C107	25	Mileage	100	2500
C201	150SKS	Thickset cement	1200	180000
C208	300 #	Phenoseal @ 2 #/SK	100	30000
C206	300 #	Gel flush	100	30000
C214	45 #	Cottonseed Hulls	100	4500
C108A	8 25 ton	Ton mileage bulk Trk	100	8000
C463	1	1 1/2" Top Rubber Plug	100	100
			Sub Total	47000
			Sales Tax 7.15%	3365
Authorization _____ Title _____			Total	50365

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.