KOLAR Document ID: 1484964

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 #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from  North / South Line of Section
City: State: Zip:+	Feet from
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xxx.xxxxx) (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:
☐ Oil ☐ WSW ☐ SWD	Producing Formation:
Gas DH EOR	Elevation: Ground: Kelly Bushing:
OG GSW	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? ☐ Yes ☐ No
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)
	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	QuarterSecTwpS. R East West
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 Approved by: Date:

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#### Page Two

Operator Name:					Lease Nam	ne:			Well #:		
Sec Tw	pS. F	R [	East	West	County:						
open and closed and flow rates if	, flowing and sh gas to surface t ty Log, Final Lo	nut-in pressurest, along wit	es, whe h final c ain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if r and Final Electr	station more : ric Loc	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool rature, fluid recovery,  Digital electronic log	
Drill Stem Tests (Attach Addit			Ye	es No		Lo	og Formatio	n (Top), Deptl	n and Datum	Sample	
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No		Name	)		Тор	Datum	
(Attach Additional Sheets)  Samples Sent to Geological Survey  Cores Taken  Electric Log Run  Geologist Report / Mud Logs  List All E. Logs Run:  Purpose of String  Size Hole  Drilled				es No es No es No							
			Repo		RECORD [	Nev	w Used rmediate, producti	on. etc.			
Purpose of St			Siz	e Casing (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
				ADDITIONAL	OF MENTING /						
Purpose:	[	Depth	Typo	of Cement	# Sacks Use		EEZE RECORD	Typo a	ad Paraant Additivas		
Perforate Protect Ca Plug Back	Top	Bottom	туре	or cement	# Sacks Use	,u	Type and Percent Additives				
Plug Off Z											
Did you perform     Does the volum     Was the hydraul	e of the total base	fluid of the hyd	draulic fra	cturing treatmen		•	Yes ns? Yes	No (If No	, skip questions 2 an , skip question 3) , fill out Page Three o	,	
Date of first Produ	ction/Injection or	Resumed Produ	uction/	Producing Meth			Coolift 0	thor (Fundain)			
Estimated Produc	otion	Oil Bb	le.	Flowing Gas	Pumping  Mcf	Wate		ther <i>(Explain)</i> bls.	Gas-Oil Ratio	Gravity	
Per 24 Hours		Oli Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity	
DISPO	OSITION OF GAS	S:		N	METHOD OF CO	MPLE.	TION:		PRODUCTIO	N INTERVAL:	
Vented	Sold Use	d on Lease		Open Hole				nmingled	Тор	Bottom	
(If vente	ed, Submit ACO-18	.)			(5	SUDITIIL I	ACO-5) (Subi	mit ACO-4)			
Shots Per Foot	Perforation Top	Perforation Bottom	on	Bridge Plug Type	Bridge Plug Set At		Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)				
TUBING RECOR	D: Size:		Set At:		Packer At:						

Form	ACO1 - Well Completion
Operator	Colt Energy Inc
Well Name	LAUBER 43
Doc ID	1484964

# Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugTyp e	BridgePlugSet At	Material Record
4	1334	1338			
4	1344	1352			
4	1354	1356			
4	1359	1361			
4	1364	1366			
4	1370	1372			
4	1374	1376			
4	1382	1386			
4	1388	1394			

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Operator	Colt Energy Inc
Well Name	LAUBER 43
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# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	11.25	8.625	22	40	Portland	14	none
Production	6.75	4.5	10.5	1475	Thick set		Phenoseal 2#/sk

### Mud Rotary Drilling Andrew King - Manager/Driller

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

1317 105th R
Yates Center, KS 6678

				()						14(	es Cent	er, N <b>3 6</b> 67
Company/Operator Colt Energy Inc.	I		The state of the s					1/4	1/4 NE	Sec.	Twp. 26s	Rge,
P.O. Box 388			Type/W	ell	County		State	Total	Depth	Date Starte		Complete
lola, KS 66749			15-207-29532		Oil Woodson			KS	1493		3/8/2018	
Job/Project Name/No.	Surface Re	Bit Record				Coring Record						
	Suitate Ne	COTU	Type	Size	From	To	Core	#	Size	From	To	% Rec
Driller/C rew	Bit Size:	11 1/4	PDC	11 1/4	0'	40'	1	$\neg$	3"	1344	1374	100
Andy King	Casing Size:	8 5/8	PDC	6 3/4	40'	1493	2		3"	1374	1403	99
Charles King	Casing Length:	40'					<u> </u>	$\top$		1014	1400	+ 33
	Cement Used:	14sx					1	$\vdash$				+
	Cement Type:	Portland						$\neg$				1

#### **Formation Record**

From	To	Formation	From	To	Formation	From	To	Farmed's-
0	47	overburden			· omation	71011		Formation
47	304	shale						
304	570	lansing lime						
570	654	shale						
654	817	KC lime						
817	924	shale						
924	966	lime						
966	1066	shale						
1066	1099	lime				_		
1099	1120	shale						
1120	1142	lime						
1142	1170	shale				-		
1170	1182	sq sand						
1182	1331	shale				_		
1331	1335	oil show						
1335	1344	sand						
1344	1374	1st core						
1374	1403	2nd core	1			Well Notes		
1403	1487	sandy shale				1474+- 4 1/	0"	
1487	1493	Miss Lime	1			14/4+-4 1/	z" casing	

<sup>\*</sup> 810 E 7<sup>TH \*</sup> PO Box 92 EUREKA, KS 67045 (620) 583-5561



Cement or Acid Field Report
Ticket No. 3791
Foreman

Date	e Cust.	D# L	ease & Well Number		Section	Township	Range	County	State
3-16-	18 100	S hal	Fr. 16		1.3	2.1	14 45		
Customer		n M z c	13	Safety	Unit#	Oriv		Unit#	Driver
C01+		2.70 (		Meeting	104		SC 198	Jim w	Dilvei
Mailing Ad		_		5 01	112	Au			
	Box 36			Alan AB					
City		State	Zip Code	1,					
July		KS	66171						
	L-010 51-		Depth <u>1473</u>		Slurry Vol	5 2 24 1	Tui	oing	
	epth <u>1474</u>		Size		Slurry Wt	14.8		I Pipe	
-	ze & Wt. <u>4 '/</u>	Cerner	nt Left in Casing		Water Gal/SK	<u> </u>		ier	
Displacem	nent	Disple	acement PSI	dil	Bump Plug to	140.4		м _ ц	
Remarks:	- 5 Afet	a mention	S . 4. 4.						. ~
have	ALE OUT	or lasteness	1 4 4 4 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1	A	3	with the	C V C C 11 V6	71312 E 17	3_0 <u>0</u>
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Code	Qty or Units	Description	of Product or Se	rvices		Lk	Unit P	O ROCKELLE	Total
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