

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
--	---

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
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--

Form	ACO1 - Well Completion
Operator	Colt Energy Inc
Well Name	LAUBER 39
Doc ID	1484961

Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugType	BridgePlugSet At	Material Record
4	1324	1326			
4	1330	1333			
4	1340	1348			
4	1350	1354			
4	1360	1368			
4	1370	1374			

Aud 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 ola, KS 66749	Well No. 39	Lease Name Lauber	Well Location 2826' fsl, 1411' fel			1/4	1/4	1/4	Sec. 23	Twp. 26s	Rge, 14e
	Well API # 15-207-29524	Type/Well Oil	County Woodson		State KS	Total Depth 1482	Date Started 1/19/2018	Date Completed 1/25/2018			
Job/Project Name/No.	Surface Record		Bit Record				Coring Record				
Driller/Crew	Bit Size:	11 1/4	Type PDC	Size 11 1/4	From 0'	To 40'	Core # 1	Size 3"	From 1338	To 1367	% Rec. 100
Andy King	Casing Size:	8 5/8	PDC	6 3/4	40'	1482	2	3"	1367	1396	99
Charles King	Casing Length:	40'									
	Cement Used:	14sx									
	Cement Type:	Portland									

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	67	overburden						
67	289	shale						
289	484	lansing lime						
484	631	shale						
631	802	KC lime						
802	906	shale						
906	949	lime						
949	1046	shale						
1046	1072	lime						
1072	1098	shale						
1098	1115	lime						
1115	1143	shale						
1143	1150	sq sand						
1150	1338	sandy shale						
1338	1367	Core #1						
1367	1396	Core #2						
1396	1480	sandy shale						
1480	1482	Miss Lime						
								Well Notes: 1472+- 4 1/2" casing

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



Cement or Acid Field Report
 Ticket No. **3716**
 Foreman Steve Mead
 Camp Eureka

APZ # 15-207-27524

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
1.26.18	1003	Lauber # 39	23	26	14E	Woodson	KS	
Customer <u>Colt Energy Inc</u>			Safety Meeting		Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 388</u>					<u>104</u>	<u>Alan</u>		
City <u>Iola</u>					<u>110</u>	<u>Jason</u>		
State <u>KS</u>		Zip Code <u>66749</u>						

Job Type 4 1/2 Hole Depth 1482 Slurry Vol. _____ Tubing _____
 Casing Depth 1472 Hole Size 6 3/4 Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 4 1/2 11.60 Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement 23 1/2 Displacement PSI 700 Bump Plug to 1200 BPM _____

Remarks: Safety Meeting: Rig up to 4 1/2 casing. Break circulation w/ Fresh water Pump 300# Gal Flush w/ Hulls. 5 bbl water spacer. Mix 175 sks Thick set Cement w/ 2# Phenoseal. Wash out pump & lines. Release plug Displace w/ 23 1/2 bbls Fresh water. Final pump pressure 700# Bump Plug 1200#. Wait few min. Release pressure plug held. Good cement returns to surface 6 bbl to pit 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	170 sks	Thick set Cement		
C208	340 #	Pheno Seal		
C206	300 #	Gel spacer		
C214	40 #	Hull		
C108A	9.35 ton	Ton Mileage Bulk Truck		
C403	1	4 1/2 Top Rubber Plug		
			Sub Total	
			Sales Tax	
Authorization <u>R.R. Apple</u> Title <u>Supervisor</u>			2.50%	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.