

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 Recompletion Date _____ 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. 20	Lease Name Pendley	Well Location 2171' fsl, 1282' fel			1/4 SW	1/4 NW	1/4 NE	Sec. 22	Twp. 26s	Rge. 14e
	Well API # 15-207-29284		Type/Well Oil	County Woodson		State KS	Total Depth 1419	Date Started 5/6/2016	Date Completed 5/11/2016		
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'	42.8'	1	3"	1318	1347	95
Andy King	Casing Size:	8 5/8	PDC	6 3/4	40'	1419					
Charles King	Casing Length:	42.8'									
	Cement Used:	14sx									
	Cement Type:	Portland									

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	30	Overburden						
30	232	shale						
232	493	lansing lime						
493	572	shale						
572	745	Kc lime						
745	845	shale						
845	859	lime						
859	880	shale						
880	890	lime						
890	920	shale						
920	992	sandy shale						
992	1016	lime						
1016	1042	shale						
1042	1069	lime						
1069	1080	shale						
1080	1090	sandy shale oil show						
1090	1315	shale						
1315	1318	oil sand						
1318	1347	core						
1347	1370	sandy shale						
1370	1417	shale						
1417	1419	miss lime						

Well Notes:
 ran 1405' 4 1/2" casing

810 E 7TH
PO Box 92
EUREKA, KS 87045
(620) 583-5561



Cement or Acid Field Report
Ticket No. 2723
Foreman Rick Ledford
Camp Eureka Ks

APL# 15-207-29284

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
5-11-16	1003	Pendley #20	22	26	14E	Woodson	Ks
Customer Calt Energy Inc.		Safety Meeting A B C		Unit #	Driver	Unit #	Driver
Mailing Address P.O. Box 388				105	Doc G.		
				115	Kenn A.		
City Tola		State Ks	Zip Code 66674				

Job Type LIS Hole Depth 1419 Slurry Vol. 50 Bbl Tubing _____
 Casing Depth 1405 Hole Size 6 7/8" Slurry Wt. 13.2^{ppg} Drill Pipe _____
 Casing Size & Wt. 4 1/2" 11.5 lb/ft Cement Left in Casing 4' 5" Water Gals/SK 9.0 Other _____
 Displacement 22 1/4 Bbl Displacement PSI 850 Bump Plug to 1250' BPM _____

Remarks: Safety meeting. Rig up to 4 1/2" casing. Bleed circulation w/ fresh water. Pump
6 sacs gel-flush w/ bulls, 5 Bbl water spacer. Mixed 150 sacs thickset cement w/ 2"
phenoxal /su @ 13.2^{ppg}. Washout pump + lines, release plug. Displace w/ 22 1/4 Bbl
fresh water. Final pump pressure 850 PSI. Bump plug to 1250 PSI. Release pressure. Shut +
plug held. Good cement returns to surface = 5 Bbl slurry to pit. Job complete. Rig down.

"Thank You"

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	[REDACTED]	[REDACTED]
C107	25	Mileage	[REDACTED]	[REDACTED]
C201	150 sacs	thickset cement	[REDACTED]	[REDACTED]
C202	300*	2" phenoxal /su	[REDACTED]	[REDACTED]
C206	300*	gel-flush	[REDACTED]	[REDACTED]
C214	40*	bulls	[REDACTED]	[REDACTED]
C1080	825	tax mileage bulk tax	[REDACTED]	[REDACTED]
C403	1	4 1/2" top rubber plug	[REDACTED]	[REDACTED]
Subtotal				[REDACTED]
Sales Tax				[REDACTED]
Total				[REDACTED]

Authorization [Signature] Title Thanks! 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.