

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) (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. cs 19	Lease Name Schafer	Well Location 1867' fnl, 235' fwl				1/4 SW	1/4 NW	1/4 SW	Sec. 23	Twp. 26s	Rge, 14e
	Well API # 15-207-29331		Type/Well Oil	County Woodson			State KS	Total Depth 1382		Date Started 2/26/2016	Date Completed 3/2/2016	
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'	40.1'	1	3"	1279	1308	100	
Andy King	Casing Size:	8 5/8	PDC	6 3/4	40.1	1382						
Charles King	Casing Length:	40.1										
	Cement Used:	14sx										
	Cement Type:	Portland										

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	10	Overburden						
10	203	shale						
203	467	lansing lime						
467	541	shale						
541	717	Kc lime						
717	813	shale						
813	818	lime						
818	849	shale						
849	860	lime						
860	905	shale						
905	958	sand						
958	976	lime						
976	1001	shale						
1001	1021	lime						
1021	1048	dark shale						
1048	1055	sand						
1055	1277	shale						
1277	1279	oil sand						Well Notes: ran 1377 +/- 4 1/2" casing
1279	1308	core						
1308	1381	mostly shale						
1381	1382	Miss lime.						

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

15-207-29331



Cement or Acid Field Report
 Ticket No. 2731
 Foreman Steve Mead
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
3-2-16	1000	Schafer # CS-19	23	26	14E	Woodson	KS
Customer		Safety Meeting		Unit #	Driver	Unit #	Driver
Calt Energy Inc				104	Alan M		
Mailing Address				110	Kenn M		
P.O. Box 385							
City	State	Zip Code					
Tola	Ks	66719					

Job Type 45 Hole Depth 1382 Slurry Vol. _____ Tubing _____
 Casing Depth 1377 Hole Size 13.25 Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 4 1/2 10.5 #1 Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement 21 3/4 Displacement PSI 1000 Bump Plug to 1200 BPM _____

Remarks: Safety Meeting: Rig up to 4 1/2 casing. Break circulation w/ fresh water. Pump 300' Gel Flush w/ Hulls & 500' water space. Mix 150 SKs Thickset cement w/ 2" phenoseal. Washout pump & lines. Shutdown Release plug. Displace w/ 21 3/4 bbls Fresh water. Final pumping Pressure 1000+ Pump Plug to 1300'. Release Pressure. Plug held. Good cement returns to surface shifts 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	150 SKs	Thickset cement		
C208	300'	Phenoseal 2" pipe		
C206	300'	Gel Flush		
C214	40'	Hulls		
C158A	8.25 hrs	Tool mileage Bulk truck		
C403	1	4 1/2" Tap Rubber plug		
			Sub Total	
			Sales Tax	

Authorization [Signature] 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.