

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
--	---

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

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Andrew J. French, Chairperson
Dwight D. Keen, Commissioner
Susan K. Duffy, Commissioner

Laura Kelly, Governor

May 10, 2021

DEB BALLARD
Colt Energy Inc
PO BOX 388
IOLA, KS 66749-0388

Re: ACO-1
API 15-107-25338-00-00
HILL C1
NW/4 Sec.10-21S-22E
Linn County, Kansas

Dear DEB BALLARD:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 12/9/2020 and the ACO-1 was received on May 10, 2021 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department

McGOWAN DRILLING, INC.

Mound City, KS
620.224.7406

Well #				Casing			
Colt Energy, Inc. Hill #C1				Surface		Longstring	
API #:	15-107-25338	S-T-R:	10-21S-22E	Size:	8 5/8 "	Size:	"
County:	Linn Co., KS	Date:	12/9/2020	Tally:	21.5 '	Tally:	P&A '
				Cement:	8 sx	Bit:	6.75 "
				Bit:	11 "	Date:	12/15/2020

Top	Base	Formation	Top	Base	Formation
0	2	Soil			
2	7	Clay			
7	15	Lime			
15	24	Shale			
24	66	Lime			
66	74	Shale			
74	90	Lime			
90	96	Shale			
96	110	Lime			
110	275	Shale			
275	284	Lime			
284	294	Shale			
294	306	Lime			
306	357	Shale			
357	368	Lime			
368	373	Shale			
373	378	Lime			
378	383	Shale			
383	387	Lime			
387	414	Shale			
414	429	Lime			
429	440	Shale			
440	455	Lime			
455	481	Shale			
481	531	Sand	Shaley, fair oil show in core	Sand / Core Detail	
531	819	Shale	Weak bleed to pit	Core #1: 482-502 Rec 20'	Core #2: 502-522' Rec 19'
819	822	Lime	Mississippian	Core #3: 522-537 Rec 15'	Core #4:
				** Did not review core(s) in detail **	
				Reem core slot between #1 & 2	
				12/15/20 - Plug well through drill pipe	
				TIH to TD - spot 10 sx @ TD	
				Spot 20 sx to cover 450' - 550'	
				Pull up to 200' and fill from 200' to surface	
				TOH & top off; rig down	
			Total Depth:	822	

Amanda Phillips

From: Chris McGown <chris.mcgown@gmail.com>
Sent: Monday, December 28, 2020 10:05 AM
To: Deb Ballard; Amanda Phillips; Rhonda McGown
Subject: Hill Logs & Invoices
Attachments: Hill #C1 Log & Invoice.pdf; Hill #C2 Log & Invoice.pdf; Hill #C3 Log & Invoice.pdf

Deb & Amanda -

Please see attached for logs & invoices for the first three Hill wells. Deb - I will forward you the cement treatment reports next. Thanks!

-Chris M. McGown
McGown Drilling, Inc.
Mound City, KS
620.224.7406 cell
chris.mcgown@gmail.com



Customer	Colt Energy Inc		Lease & Well #	Hill C-1		Date	12/15/2020	
Service District	Garnett		County & State	LN, KS		Legals S/T/R	10-21-22	
Job Type	plug	<input checked="" type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	Legals S/T/R New Well?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> No	Ticket #
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures						
89	Casey Kennedy	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging			
238	Kevin Noeller	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection			
248	Pat Sanborn	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input checked="" type="checkbox"/> Specific Job Sequence/Expectations			
110	Mark Foltz	<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input checked="" type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations			
		<input checked="" type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below				
Comments								

Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount
C010	Cement Pump Service	ea	1.00	\$600.00
M010	Heavy Equipment Mileage	mi	20.00	\$64.00
M025	Ton Mileage - Minimum	each	1.00	\$240.00
T010	Vacuum Truck - 80 bbl	hr	2.50	\$180.00
CP055	H-Plug	sack	80.00	\$832.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?		Net:	\$1,916.00
Based on this job, how likely is it you would recommend HSI to a colleague?		Total Taxable	\$ -
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Tax Rate:	
Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely		State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.	Sale Tax:
		Total:	\$ 1,916.00
		HSI Representative:	<i>Casey Kennedy</i>

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

X _____ **CUSTOMER AUTHORIZATION SIGNATURE**



CEMENT TREATMENT REPORT

Customer:	Colt Energy Inc	Well:	Hill C-1	Ticket:	EP1145
City, State:	Iola, KS	County:	LN, KS	Date:	12/15/2020
Field Rep:	Deb Ballard	S-T-R:	10-21-22	Service:	plug

Downhole Information	
Hole Size:	6 3/4 in
Hole Depth:	822 ft
Casing Size:	in
Casing Depth:	ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	bbls

Calculated Slurry - Lead	
Blend:	H-Plug
Weight:	13.50 ppg
Water / Sx:	7.50 gal / sk
Yield:	1.50 ft ³ / sk
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.00 bbls
Excess:	
Total Slurry:	0.00 bbls
Total Sacks:	0 sks

Calculated Slurry - Tail	
Blend:	
Weight:	ppg
Water / Sx:	gal / sk
Yield:	ft ³ / sk
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	0.0 bbls
Total Sacks:	#DIV/0! sks

TIME	RATE	PSI	BBLs	TOTAL BBLs	REMARKS
2:00 PM			-	-	on location, held safety meeting
	4.0			-	established circulation through drill steel at hole TD 822'
	4.0			-	mixed and pumped 10 sks H-Plug cement, displaced cement to TD with fresh water
				-	rig pulled drill steel to 550'
	4.0			-	mixed and pumped 20 sks cement
				-	rig pulled drill steel to 200'
	4.0			-	mixed and pumped 40 sks cement, cement to surface
				-	rig pulled drill steel from hole
	2.0			-	topped well off with 10 sks cement
	4.0			-	washed up drill steel and equipment

CREW		UNIT	SUMMARY		
Cementer:	Casey Kennedy	89	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Kevin Noeller	238	3.7 bpm	#DIV/0! psi	- bbls
Bulk:	Pat Sanborn	248			
H2O:	Mark Foltz	110			