

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



Cement or Acid Field Report
 Ticket No. **5686**
 Foreman David Gardner
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
6-18-21	1003	Conley # 28	19	23 S.	20 E.	Allan	KS	
Customer <u>Colt Energy Inc.</u>			Safety Meeting DG JH SM		Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 388</u>					105	Jason		
City <u>Tola</u>					110	Steve		
State <u>KS</u>		Zip Code <u>66749</u>						

Job Type Longstring Hole Depth 748' Slurry Vol. 29 Bbl Tubing _____
 Casing Depth 737.40' Hole Size 6 3/4" Slurry Wt. 13.8# Drill Pipe _____
 Casing Size & Wt. 4 1/2" 11.60# Cement Left in Casing 4' 5.5. Water Gal/SK 9.0 Other _____
 Displacement 11 1/2 Bbl Displacement PSI 300 Bump Plug to 700 PSI BPM _____

Remarks: Safety Meeting. Rig up to 4 1/2" casing. Break circulation w/ 5 Bbl fresh water. Mix 200# Gel Flush w/ Hulls, 10 Bbl water spacer. Mixed 85 sks Thick Set Cement w/ 1# Phenoseal/sk @ 138#/gal, yield 1.91 = 29 Bbl slurry. Wash out pump & lines. Shut down. Release 4 1/2" Top Rubber Plug. Displace plug to seat w/ 11 1/2 Bbl fresh water. Final pumping pressure of 300 PSI. Bump plug to 700 PSI. Wait 2 mins. Release pressure. Float & Plug held. Good cement returns to surface = 5 Bbl slurry to pit. Job complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge		
C107	50	Mileage		
C201	85 sks	Thick Set Cement		
C208	85#	Phenoseal 1#/sk		
C108A	4.46 Tons	Ton Mileage - Bulk Truck		
C206	200#	Gel Flush		
C214	40#	Hulls		
C403	1	4 1/2" Top Rubber Plug		
<u>Thank You</u>			Sub Total	
			Discount	
			Sales Tax	
Authorization <u>by Wes</u> Title <u>Co/Rep.</u>			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.

1317 105th Rd.
Yates Center, KS 66783

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

Mud Rotary Drilling
Andrew King - Manager/Driller

Company/Operator Colt Energy Inc. P.O. Box 388 Iola, KS 66749		Well No. 28	Lease Name Conley	Well Location 2389' fsl, 2382' fwl		1/4 KS	1/4 SW	1/4 750	Sec. 19	Twp. 23	Rge. 20E		
Job/Project Name/No.		Well API # 15-001-31666		County Allen		Date Started 6/15/2021		Date Completed 6/18/2021					
Driller/Crew Andy King Charles King		Surface Record		Bit Record		Coring Record							
		Bit Size:	11 1/4	Type	PDC	Core #	1	From	623	To	624	% Rec.	99
		Casing Size:	8 5/8	Size	11 1/4	From	0'	Size	3"				
		Casing Length:	20'	From	20'	To	750						
		Cement Used:	8 sx										
		Cement Type:	Portland										

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	6	overburden						
6	40	lime						
40	128	shale						
128	234	lime						
234	434	shale						
434	443	lime						
443	509	shale						
509	526	lime						
526	533	shale						
533	542	lime						
542	562	shale						
562	607	lime						
607	623	shale						
623	634	core						
634	675	oil sand						
675	684	black shale						
684	750	shale						
Well Notes: ran 737.46 4 1/2" casing								

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

October 20, 2021

Wes Moots
Colt Energy Inc
PO BOX 388
IOLA, KS 66749-0388

Re: ACO-1
API 15-001-31666-00-00
CONLEY 28
SW/4 Sec.19-23S-20E
Allen County, Kansas

Dear Wes Moots:

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 6/15/2021 and the ACO-1 was received on October 15, 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