

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)</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:	
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810 E 7<sup>TH</sup>  
 PO Box 92  
 EUREKA, KS 67045  
 (620) 583-5561



**Cement or Acid Field Report**  
 Ticket No. 5571  
 Foreman David Gardner  
 Camp Eureka

API# 15-001-31667

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
6-3-21	1003	Conley #29	19	23 S.	20 E.	Allen	KS
Customer			Unit #	Driver		Unit #	Driver
Colt Energy Inc.			105	Jason			
Mailing Address			112	Broker			
P.O. Box 388							
City	State	Zip Code					
Iola	KS	66749					

Job Type Longstring Hole Depth 748' Slurry Vol. 28 Bbl Tubing \_\_\_\_\_  
 Casing Depth 733' Hole Size 6 3/4" Slurry Wt. 13.8# Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 4 1/2" 11.60\* Cement Left in Casing 4' S.J. Water Gal/SK 9.0 Other \_\_\_\_\_  
 Displacement 11 1/2 Bbl Displacement PSI 300 PSI 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, 12 Bbl water spacer. Mixed 85 sks Thick Set Cement w/ 1# Phenoseal/sk @ 13.8#/gal', yield 1.85 = 28 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 at 300 PSI. Bump plug to 700 PSI. Wait 2 mins. Release pressure. Float & plug held good. Good cement returns to surface = 6 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		
Thank You				
			Sub Total	
			Discount	
			Sales Tax	

Authorization Witnessed by Deb Title Co/Rep 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.

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. 29	Lease Name Conley	Well Location 2335' fnl, 1884; fwl				1/4	1/4	1/4 NW	Sec. 19	Twp. 23	Rge, 20E
	Well API # 15-001-31667	Type/Well Oil	County Allen		State KS	Total Depth 748	Date Started 5/29/2021	Date Completed 6/4/2021				
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'	20'	1	3"	621	650	99	
Andy King	Casing Size:	8 5/8	PDC	6 3/4	20'	748	2	3"	650	679	99	
Charles King	Casing Length:	20'										
	Cement Used:	8 sx										
	Cement Type:	Portland										

**Formation Record**

From	To	Formation	From	To	Formation	From	To	Formation
0	6	overburden						
6	42	lime						
42	130	shale						
130	140	lime						
140	172	shale						
172	235	lime						
235	434	shale						
434	435	lime						
435	512	shale						
512	543	lime						
543	560	shale						
560	593	lime						
593	621	shale						
621	650	1st core						
650	679	2nd core						
679	748	shale						

**Well Notes:**  
ran 4 1/2" casing