

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
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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. 5729
 Foreman David Gardner
 Camp Eureka

API # 15-001-31669

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
7-27-21	1003	Conley # 32-1	19	23 S.	20 E.	Allen	KS
Customer		Safety Meeting DG JH BW	Unit #	Driver	Unit #	Driver	
Mailing Address			105	Jason			
City		State	Zip Code				
Iola		KS	66749				

Job Type Longstring Hole Depth 743' Slurry Vol. 28 Bbl Tubing _____
 Casing Depth 730' Hole Size 6 3/4" Slurry Wt. 13.8^g 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 1/4 Bbl Displacement PSI 350 Bump Plug to 750 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 @ 13.8^g/gal, yield 1.85 = 28 Bbl slurry. Wash out pump + lines. Shut down. Release plug. Displace plug to seat w/ 11 1/4 Bbl fresh water. Final pumping pressure of 350 PSI. Bump plug to 750 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 _____	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.

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. 32-1	Lease Name Conley	Well Location 2342 fsl, 2604 fwl	1/4	1/4	1/4	Sec. 19	Twp. 23	Rge, 20E				
Well API # 15-001-31669		Type/Well Oil	County Allen	State KS	Total Depth 743	Date Started 7/21/2021	Date Completed 7/27/2021							
Surface Record				Bit Record				Coring Record						
Driller/Crew	Bit Size:	Casing Size:	Casing Length:	Cement Used:	Cement Type:	Type	Size	From	To	Core #	Size	From	To	% Rec.
Andy King	11 1/4	8 5/8	20'	8 sx	Portland	PDC	11 1/4	0'	20'	1	3"	628	656	99
Charles King						PDC	6 3/4	20'	748	2	3"	656	685	99

Formation Record		Formation		Formation		Formation	
From	To	Formation	From	To	Formation	From	To
0	7	overburden					
7	40	lime					
40	128	shale					
128	234	lime					
234	424	shale					
424	446	lime					
446	507	shale					
507	590	lime					
590	595	shale					
595	604	lime					
604	626	shale					
626	628	broken sand (odor)					
628	656	core #1					
656	685	core #2					
685	743	shale					
Well Notes: ran 731' 4 1/2" casing							

End of Well Report

Well: Conley 32-I

2342' FSL & 2604' FWL

Sec 19-T23S-R20E

Allen Co., KS

API # 15-001-31669

Elevation: 1048'

Drilled by Bar Drilling

Spud: 2:00 PM 7/21/21

3 drill collars used

Surface Casing: 20' 8 5/8" csg w/ 8sx cmt

Under Surface: 8:30 AM 7/22/21

Drilling Fluid: Native mud

Production Bore Hole: 6.75"

Core No. 1: 628-657'

Core No. 2: 657-685'

Rotary Total Depth (RTD): 742.75'

Geophysical E-Log(s): CDL/DIL Suite ran by Osage Wireline, 3:00 PM 7/26/21

Production Casing: 17 jts 4.5" (11.6#/ft) w/4' pup jt incld 731'

Production casing run in by company unit and drilling rig, 7:00 AM 7/27/21

Cemented by: Elite Cementing ; 85sx Thick Set Cmt

Formation Member	DL/SPL Tops	E-Log (Rdd)	Datum (MSL)
Hushpuckney SH	213	210	838
Base of KC	230	229	819
Old DL Base KC	244	240	808
Knob SS	252	253	795
BS Knob SS	284	286	762
South Mound SH	412	412	636
Lenapah LS	436	434	614
Mulberry Coal	507	506	542
Pawnee LS	512	512	536
Myric Station LS	536	535	513
Anna (Lex. Coal Zn) SH	541	539	509
Fort Scott LS	568	568	480
Little Osage (Sum Coal Zn) SH	598	598	450
Excello SH	612	609	439
Mulky Coal	613	612	436
Squirrel SS	628	630	418
Bevier Coal	678	684	364
Verdigris LS	697	697	351