

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
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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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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. 31-i	Lease Name Conley	Well Location 2416 fsl, 2154 fwl	1/4	1/4	1/4 SW	Sec. 19	Twp. 23	Rge, 20E	
Well API # 15-001-31668		Type/Well Oil	County Allen	State KS	Total Depth 735	Date Started 7/6/2021	Date Completed 7/9/2021				
Surface Record		Bit Record									
Driller/Crew	Bit Size:	Type	Size	From	To	Core #	Size	From	To	% Rec.	
Andy King	11 1/4	PDC	11 1/4	0'	20'	1	3"	626	655	99	
Charles King	8 5/8	PDC	6 3/4	20'	748	2	3"	655	679	99	
	Casing Length:										
	20'										
	Cement Used:										
	8 sx										
	Cement Type:										
	Portland										

		Formation Record				Formation Record				Formation	
From	To	Formation	From	To	Formation	From	To	Formation	From	To	Formation
0	6	overburden									
6	39	lime									
39	126	shale									
126	236	lime									
236	439	shale									
439	449	lime									
449	516	shale									
516	537	lime									
537	555	shale									
555	586	lime									
586	626	shale									
626	655	core #1									
655	679	core #2									
679	735	shale									
Well Notes: ran 718.95' 4 1/2" casing											

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



Cement or Acid Field Report
 Ticket No. **5715**
 Foreman David Gardner
 Camp Eureka

API # 15-001-31668

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
7-9-21	1003	Conley #31-1	19	23 S.	20 E.	Allen	KS
Customer <u>Colt Energy INC.</u>		Safety Meeting D6 JH SF	Unit #	Driver	Unit #	Driver	
Mailing Address <u>P.O. Box 388</u>			105	Jason			
City <u>Iola</u>			114	Shannon			
State <u>KS</u>	Zip Code <u>66749</u>						

Job Type Longstring Hole Depth 735' Slurry Vol. 27 Bbl Tubing _____
 Casing Depth 720' 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.S. Water Gal/SK 9.0 Other _____
 Displacement 11 1/4 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" Phenaseal/sk @ 13.8#/gal, yield 1.78 = 27 Bbl slurry. Wash out pump & lines. Shut down. Release 4 1/2 Top Rubber Plug. Displace plug to seat w/ 11 1/4 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 = 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#	Phenaseal 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.

End of Well Report

Well: Conely 31-I

2416 FSL & 2154' FWL

Sec 19-T23S-R20E

Allen Co., KS

API # 15-001-31668

Elevation: 1045'

Drilling Contractor: Bar Drilling

Spud: 1:00 PM 7/6/21

3 drill collars used

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

Under Surface: 8:20 AM 7/7/21

Drilling Fluid: Native mud

Production Bore Hole: 6.75"

Core No. 1: 626-656'

Core No. 2: 656-679.65'

Rotary Total Depth (RTD): 735, reached 2:42 PM 7/8/21

Geophysical E-Log(s): CDL/DIL Suite ran by Osage Wireline, 3:30 PM 7/8/21

Production Casing: 17 jts 4.5" (11.6#/ft) w/4' pup jt incld 718.95'

Production Casing Run in by: Bar drilling crew on company rig 8:00 AM 7/9/21

Cemented by: Elite Cementing 11:30 AM 7/9/21; 85sx Thick Set Cmt

Formation Member	DL/SPL Tops	E-Log (Rdd)	Datum (MSL)
Hushpuckney SH	212	211	834
Base of KC	229	228	817
Old DL Base KC	242	238	807
Knob SS	252	252	793
BS Knob SS	282	276	769
South Mound SH	412	410	635
Lenapah LS	434	432	613
Mulberry Coal	507	503	542
Pawnee LS	512	508	537
Myric Station LS	536	532	513
Anna (Lex. Coal Zn) SH	539	536	509
Fort Scott LS	564	559	486
Little Osage (Sum Coal Zn) SH	597	594	451
Excello SH	604	606	439
Mulky Coal	605	607	438
Squirrel SS	626	626	419
Bevier Coal	676	676	369
Verdigris LS	695	694	351