

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
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

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

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



Cement or Acid Field Report
 Ticket No. 6285
 Foreman Russell McCoy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State		
3-15-22	1003	CLINE # 50				Allen	Ks		
Customer	Mailing Address	City	State	Zip Code	Safety Meeting	Unit #	Driver	Unit #	Driver
Colt Energy Inc.	P.O. Box 388	Toila	Ks	66749	RM SHANNON AM	111	SHANNON		
						110	ALAN M		
						120	Russell		

Job Type Longstring Hole Depth 1010 Slurry Vol. 38 Bbl Tubing _____
 Casing Depth 989 Hole Size 6 3/4 Slurry Wt. 13.8 13.8 Drill Pipe _____
 Casing Size & Wt. 11.60 Cement Left in Casing 4 Water Gal/SK _____ Other _____
 Displacement 15.6 Displacement PSI 550# Bump Plug to 1100# BPM _____

Remarks: Safety + Job Procedure meeting. Rig TO 4 1/2 casing, Break Circulation w/ 9 Bbl Fresh water, mix 400# Gel Flush w/ 80# Hulls, Pumps 8bl water spacer mix 125 SK's Thick set cement w/ 2# Phenoxent 2# P/1SK @ 13.8 = 38 Bbl Slurry WASH OUT Pump + Lines SHUT DOWN, Release 4 1/2 TOP Rubber Plug, Displace w/ 15.6 Bbl Fresh water, Final pump PSI 550# seat Plug @ 1100# check float, float H=10, 8 Bbl cement returns to surface. Close 4 1/2 IN OPSI. Annulus standing full of cement Job complete, Tenn down.

THANK YOU!
 Russ - Shannon - Alan

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-103	1	Pump Charge		
C-107	50	Mileage		
C-201	125	SK's Thick set cement		
C-208	250#	Phenoxent 2# P/1SK		
C-206	400#	Gel Flush		
C-214	80#	Hulls		
C-108A	6.89	Tow Tow Mileage - Bulk Truck		
C-403	1	4 1/2 TOP Rubber Plug		

Authorization by WRS Moots Title cu/Rep

Colt Energy Driller's Log

Lease: Cline		Well No. 50	Well Location: 316' FNL & 1498' FEL			Sec. 9		Twp. 24S		Rng. 18E	
API #: 15-001-31698		Type: Oil Well		County: Allen			State: KS	Spud Date: 3/11/22		Total Depth: 1010'	
Driller: Devin Bernsten		Surface Casing		Bit Record				Coring Record			
Crew: Seth Sanford		Bit Size:	11.25"	Type	Size	Start	End	Core #	Size	Start	End
		Casing Size:	8.625"	PDC	11.25"	0	20	1			
Start Rig Hrs:		Casing Length:	20'	PDC	6.75"	20	1010	2			
End Rig Hrs:		Cement used:	7 sx					3			
Total Rig Hrs:		Cement Type:	Portland					4			
From	To	Formation		From	To	Formation		Pipe Tally			
0	50	Shale						1	38.50	19	41.15
50	100	Limestone						2	36.55	20	38.20
100	180	Shale						3	38.55	21	38.60
180	300	Limestone						4	38.20	22	38.25
300	550	Shale						5	36.45	23	38.55
550	620	Limestone						6	38.00	24	38.85
620	650	Shale						7	37.30	25	38.10
650	660	Sandstone						8	38.85	26	36.50
660	760	Shale						9	41.00	27	
760	810	Sandstone						10	38.20	28	
810	880	Shale						11	37.50	29	
880	1010	Sandstone						12	38.55	30	
								13	36.90	31	
								14	37.55	32	
								15	36.50	33	
								16	37.45	34	
								17	36.45	35	
								18	38.60	36	
								Total:989.3'+4' cmt shoe= 993.3'			