

Confidentiality Requested:

☒ Yes ☐ NoKANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

Form must be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL**WELL COMPLETION FORM**
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5150

Name: Colt Energy Inc

Address 1: PO BOX 388

Address 2:

City: IOLA State: KS Zip: 66749 + 0388

Contact Person: Wes Moots

Phone: (620) 750-0045

CONTRACTOR: License # 5150

Name: Colt Energy Inc

Wellsite Geologist: Wes Moots

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 #:

1/28/2025

1/29/2025

1/30/2025

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No.: 15-001-31914-00-00

Spot Description:

NE - NW - SE - SE Sec. 4 Twp. 24 S. R. 18 ☒ East ☐ West1103 Feet from ☐ North / ☒ South Line of Section960 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

GPS Location: Lat: (e.g. xx.xxxxx), Long: (e.g. -xxx.xxxxx)

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: Allen

Lease Name: Latta Well #: 33

Field Name: Iola

Producing Formation: Bartlesville

Elevation: Ground: 1000 Kelly Bushing: 1005

Total Vertical Depth: 1060 Plug Back Total Depth: 1040

Amount of Surface Pipe Set and Cemented at: 20 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: Feet

If Alternate II completion, cement circulated from: 1060

feet depth to: 0 w/ 120 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: 05/14/2025

☐ Confidential Release Date: 05/14/2027☒ Wireline Log Received ☐ Drill Stem Tests Received☐ Geologist Report / Mud Logs Received☐ UIC DistributionALT ☐ I ☒ II ☐ III Approved by: Alexis Vincent Date: 06/12/2025