

Confidentiality Requested:

 Yes NoKANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm ACO-1
January 2018Form must be Typed
Form must be Signed
All blanks must be FilledWELL 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: _____ (e.g. xx.xxxxx), Long: _____ (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 DistributionALT 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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives	

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 (Explain) _____				
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 (If vented, Submit ACO-18.)		METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4)				PRODUCTION INTERVAL: Top _____ Bottom _____	
--	--	--	--	--	--	---	--

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)		
TUBING RECORD: Size: Set At: Packer At:							

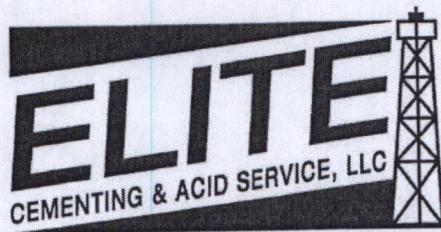
Form	ACO1 - Well Completion						
Operator	Colt Energy Inc						
Well Name	FITZPATRICK 17						
Doc ID	1727202						

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	11.25	8.625	24	20	Portland	8	None
Production	6.75	4.5	11.6	1033	Thick Set	125	2#/sx Phenoseal

Colt Energy Driller's Log												
Lease: Fitzpatrick	Well No. 17	Well Location: 1013' FSL & 1175' FWL			Sec. 9		Twp. 24S		Rng. 18E			
API #: 15-001-331776	Type: Oil	County: AL			State: KS	Spud Date: 5/26/23		Total Depth: 1053'				
Driller: Pat Stewart	Surface Casing		Bit Record				Coring Record					
Crew: Dan Foust	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'	1053'	2					
End Rig Hrs:	Cement Used:	8 sx					3					
Total Rig Hrs:	Cement Type:	Portland					4					
From	To	Formation		From	To	Formation		Production Casing Tally				
0	20	Limetone						1	39.40	19	39.40	
20	80	Shale						2	39.40	20	40.70	
80	130	Limestone						3	40.90	21	39.50	
130	155	Shale						4	39.10	22	40.70	
155	165	Limestone						5	39.40	23	39.40	
165	210	Shale						6	39.40	24	38.20	
210	320	Limestone						7	39.50	25	39.50	
320	515	Shale						8	39.50	26	39.40	
515	525	Limestone						9	39.50	27		
525	590	Shale						10	39.00	28		
590	600	Limestone						11	39.00	29		
600	610	Shale						12	40.60	30		
610	620	Limestone						13	39.20	31		
620	630	Shale						14	39.20	32		
630	660	Limestone						15	39.40	33		
660	790	Shale						16	39.50	34		
790	880	Sandstone						17	39.40	35		
880	925	Shale						18	40.70	36		
925	1053	Sandstone						Total: 1028.9 + 4' shoe= 1032.9'				

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



Cement or Acid Field Report
Ticket No. 7264
Foreman David Gardner
Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
6-2-23	1003	Fitzpatrick #17				Allen	KS
Customer Colt Energy, Inc.			Safety Meeting DG SF BW	Unit #	Driver	Unit #	Driver
				104	Shannon		
				112	Broker		
City Topeka		State KS	Zip Code 106749				

Job Type Longstring Hole Depth 1053' Slurry Vol. 38 Bbl Tubing _____
Casing Depth 1033' Hole Size 6 3/4" Slurry Wt. 1.7.6" Drill Pipe _____
Casing Size & Wt. 4 1/2" 11.60# Cement Left in Casing 4' S.S. Water Gal/SK _____
Displacement 16 1/2 Bbl Displacement PSI 500 Bump Plug to 1000 PSI Other _____
BPM _____

Remarks: Safety Meeting: Rig up to 4 1/2" Casing w/ Rotating Head. (Note: Drilg rig had hole conditioned w/ mud prior to running casing.) Break circulation w/ 10 Bbl fresh water. Mixed 125 scc Thick Set Cement w/ 2nd Phenoseal 1/scc @ 13.6⁰/gal, yield 8.70 = 38 Bbl slurry. Wash out pump & liners. Shut down. Release plug. Displace plug to seat w/ 16 1/2 Bbl fresh water. Final pumping pressure of 500 PSI. Bump plug 1000 PSI. Wait 2 mins. Release pressure. Float held. Good cement returns to surface = 16 Bbl slurry to pit. Note: Rotate casing while cementing & Displacing cement. Job complete. Rig down.

Authorization by Wes Moots

Title Co/Rep.

7.75 %

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.