

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 # _____

API No.: _____

Name: _____

Spot Description: _____

Address 1: _____

____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West

Address 2: _____

____ Feet from North / South Line of Section

City: _____ State: _____ Zip: _____ + _____

____ Feet from East / West Line of Section

Contact Person: _____

Footages Calculated from Nearest Outside Section Corner:

Phone: (_____) _____

 NE NW SE SW

CONTRACTOR: License # _____

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

Name: _____

Datum: NAD27 NAD83 WGS84

Wellsite Geologist: _____

County: _____

Purchaser: _____

Lease Name: _____ Well #: _____

Designate Type of Completion:

Field Name: _____

 New Well Re-Entry Workover

Producing Formation: _____

 Oil WSW SWD

Elevation: Ground: _____ Kelly Bushing: _____

 Gas DH EOR

Total Vertical Depth: _____ Plug Back Total Depth: _____

 OG GSW

Amount of Surface Pipe Set and Cemented at: _____ Feet

 CM (Coal Bed Methane)Multiple Stage Cementing Collar Used? Yes No Cathodic Other (Core, Expl., etc.): _____

If yes, show depth set: _____ Feet

If Workover/Re-entry: Old Well Info as follows:

If Alternate II completion, cement circulated from: _____

Operator: _____

feet depth to: _____ w/ _____ sx cmt.

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

Drilling Fluid Management Plan*(Data must be collected from the Reserve Pit)* Deepening Re-perf. Conv. to EOR Conv. to SWD

Chloride content: _____ ppm Fluid volume: _____ bbls

 Plug Back Liner Conv. to GSW Conv. to Producer

Dewatering method used: _____

 Commingled Permit #: _____

Location of fluid disposal if hauled offsite:

 Dual Completion Permit #: _____

Operator Name: _____

 SWD Permit #: _____

Lease Name: _____ License #: _____

 EOR Permit #: _____Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West GSW Permit #: _____

County: _____ Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

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 (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	Charlotte Hobbs 64						
Doc ID	1732719						

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	12.25	8.625	24	20	Portland	9	None
Production	6.75	4.5	11.6	1052	Thick Set	125	2#/sx Phenoseal

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



Cement or Acid Field Report
Ticket No. 7353
Foreman David Gardner
Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
6-30-23	1003	Hobbs #64				Allen	KS
Customer Colt Energy, Inc			Safety Meeting DG JH Jm	Unit #	Driver	Unit #	Driver
Mailing Address P.O. Box 388				140	Jason		
				112	Jake		
City Tulsa		State KS	Zip Code 74749				

Job Type Longstring Hole Depth 1056' Slurry Vol. 42 Bbl Tubing _____
Casing Depth 1052' Hole Size 6 3/4" Slurry Wt. 13.6" Drill Pipe _____
Casing Size & Wt. 4 1/2" 11.60# Cement Left in Casing 4" S.J. Water Gal/SK _____ Other _____
Displacement 16 1/2 Bbl Displacement PSI 600 Bump Plug to 1000 PSI BPM _____

Remarks: Safety Meeting: (Note: Rig conditioned hole prior to running 4 1/2" Casing). Rig up to 4 1/2" Casing w/ Rotating Head. Break circulation w/ 10 Bbl fresh water. Mixed 125 scc Thick Set Cement w/ 2# Phenoseal frt @ 13.6#/gal. yield 1.88 = 4.2 Bbl slurry. Wash out pump & lines. Shutdown. Release Plug. Displace plug to seat w/ 110 1/2 Bbl fresh water. Final pumping pressure of 1000 PSI. Bump plug to 1000 PSI. Wait 2 mins. Release pressure. Float held. Good cement returns to surface = 10 1/2 Bbl slurry to pit. Rotate casing while mixing & Displacing cement. Annulus standing full of 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.

Colt Energy Driller's Log												
Lease: Hobbs	Well No. 64	Well Location: 2342' FNL & 784' FWL			Sec. 9		Twp. 24S		Rng. 18E			
API #: 15-001-31781	Type: Oil	County: AL			State: KS	Spud Date: 6/28/23		Total Depth: 1056'				
Driller: Pat Stewart	Surface Casing		Bit Record				Coring Record					
Crew: Dan Foust	Bit Size:	12.25"	Type	Size	Start	End	Core #	Size	Start	End		
	Casing Size:	8.625"	PDC	12.25"	0	20'	1					
Start Rig Hrs:	Casing Length:	20'	PDC	6.75"	20'	1056'	2					
End Rig Hrs:	Cement Used:	9 sx					3					
Total Rig Hrs:	Cement Type:	Portland					4					
From	To	Formation		From	To	Formation		Production Casing Tally				
0	10	Overburden/shale						1	41.00	19	39.10	
10	40	Limestone						2	44.50	20	39.20	
40	100	Shale						3	37.10	21	41.10	
100	350	Limestone						4	39.80	22	41.20	
350	540	Shale						5	40.60	23	44.60	
540	550	Limestone						6	40.30	24	41.20	
550	610	Shale						7	40.50	25	42.80	
610	620	Limestone						8	40.30	26	41.00	
620	650	Shale						9	41.10	27		
650	680	Limestone						10	41.00	28		
680	930	Shale						11	39.10	29		
930	1056	Sandstone						12	38.70	30		
								13	39.20	31		
								14	39.20	32		
								15	38.90	33		
								16	39.00	34		
								17	38.80	35		
								18	38.70	36		
								Total: 1048' + 4' shoe= 1052'				