

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 & LEASEOPERATOR: License # 5150Name: Colt Energy IncAddress 1: PO BOX 388

Address 2: _____

City: IOLA State: KS Zip: 66749 + 0388Contact Person: Wes MootsPhone: (620) 750-0045CONTRACTOR: License # 5150Name: Colt Energy IncWellsite 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 #: _____

10/17/202510/20/202512/18/2025Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion DateAPI No.: 15-001-31969-00-00

Spot Description: _____

SE - NW SE - NW Sec. 9 Twp. 24 S. R. 18 ☒ East ☐ West1930 Feet from ☒ North / ☐ South Line of Section1735 Feet from ☐ East / ☒ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☒ NW ☐ SE ☐ SWGPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84County: AllenLease Name: Charlotte Hobbs Well #: 122Field Name: IolaProducing Formation: BartlesvilleElevation: Ground: 1028 Kelly Bushing: 1033Total Vertical Depth: 1046 Plug Back Total Depth: 1032Amount of Surface Pipe Set and Cemented at: 20 FeetMultiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 1046feet 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 RequestedDate: 01/27/2026☐ Confidential Release Date: 01/27/2028☒ Wireline Log Received ☐ Drill Stem Tests Received☐ Geologist Report / Mud Logs Received☐ UIC DistributionALT ☐ I ☒ II ☐ III Approved by: Alexis Vincent Date: 01/27/2026