

Handwritten initials

COPT

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 5150

Name: Colt Energy, Inc.

Address P.O. Box 388

City/State/Zip Iola, Kansas 66749

Purchaser: Texaco Trading & Transportation

Operator Contact Person: Dennis Kershner

Phone (316) 365-3111

Contractor: Name: Evans Energy Development, Inc.

License: 8509

Wellsite Geologist: None

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD Temp. Abd.

Gas Inj Delayed Comp.

Dry Other (Core, Water Supply, etc.)

If OWM: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

8-28-90

8-31-90

10-18-90

Spud Date

Date Reached TD

Completion Date

API NO. 15- 045-21,112

County Douglas

NW NE SE Sec. 13 Twp. 14 Rge. 20 East West

2475 Ft. North from Southeast Corner of Section

820 Ft. West from Southeast Corner of Section

(NOTE: Locate well in section plat below.)

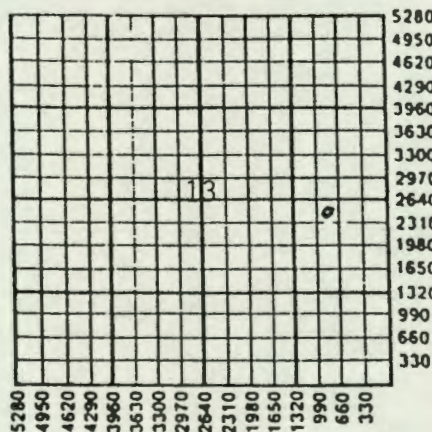
Lease Name Schultz Well # 15

Field Name Vineland

Producing Formation Squirrel

Elevation: Ground Unknown KB -----

Total Depth 822 PBTD 810



Amount of Surface Pipe Set and Cemented at 45.2 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 810

feet depth to Surface w/ 106 sx cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form. See rule 82-3-107 for confidentiality in excess of 12 months. One copy of all wireline logs and drillers time log shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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.

Signature Dennis Kershner
Title Office Manager

SHIRLEY A. STOTLER
Notary Public, State of Kansas
My Appl. Expires 2-20-92
Date 10-31-90

Subscribed and sworn to before me this 31st day of October, 1990.

Notary Public Shirley A. Stotler

Date Commission Expires 1-20-92

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached

C Wireline Log Received

C Drillers Timelog Received

NOV 7 1990

Distribution

KCC SWD/Rep NGPA

KGS Plug Other

(Specify)

COPY

SIDE TWO

Operator Name Colt Energy, Inc Lease Name Schultz Well # 15

Sec. 13 Twp. 14 Rge. 20 East West
County Douglas

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
(Attach Additional Sheets.)
Samples Sent to Geological Survey Yes No
Cores Taken Yes No
Electric Log Run Yes No
(Submit Copy.)

Formation Description
 Log Sample
Name _____ Top _____ Bottom _____
See Attached Drillers Log.

CASING RECORD New 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
Surface	9 7/8	7"	17	45.2	Neat	10	---
Production	6 1/2	4 1/2	10.5	810	OWC	106	2% Gel

Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
1	716-732	10sx 12x30 sand 20sx 10x20 sand 50gals HCL Acid	716-732

TUBING RECORD Size _____ Set At _____ Packer At _____ Liner Run Yes No

Date of First Production 10-20-90	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)							
Estimated Production Per 24 Hours	Oil 6	Bbls.	Gas	Mcf	Water 3	Bbls.	Gas-Oil Ratio 21	Gravity

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)
METHOD OF COMPLETION: Open Hole Perforation Dually Completed Commingled
 Other (Specify) _____