

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE
Form ACO-1 September 1999 Form Must Be Typed**

IND

Operator: License # 5150
 Name: COLT ENERGY, INC.
 Address: P. O. BOX 388
 City/State/Zip: IOLA, KS 66749
 Purchaser: PLAINS MARKETING, LP
 Operator Contact Person: DENNIS KERSHNER
 Phone: (316) 365-3111
 Contractor: Name: FINNEY DRILLING
 License: 5989
 Wellsite Geologist: _____
 Designate Type Of Completion:
 New Well ReEntry Workover
 Oil SWD SIOW Temp Abd
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Entr/SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Entr.?) Docket No. E-26,562

Spud Date or Completion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15-031-21,904
 County: COFFEY
NE SE -NE Sec. 2 Twp. 23 S. R. 16 X E W
3570 feet from S Line of Section
165 feet from E Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 Circle one SE
 Lease Name: HAZEN Well #: 231
 Field Name: LEROY
 Producing Formation: SQUIRREL
 Elevation: Ground: UNKNOWN Kelly Bushing: _____
 Total Depth: 1000 Plug Back Total Depth: 993.20
 Amount of Surface Pipe Set and Cemented at 43.50 Feet
 Multiple Staging Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II Completion, cement circulated from 1000
 feet depth to SURFACE w/ 131 sx cement.

Drilling Fluid Management Plan (Data Collected From Pit)
 Chloride Content 1000 ppm Fluid Volume 80 bbls
 Dewatering method used PUMPED OUT PUSH IN
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S R _____ E W
 County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with this form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well reports shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 with all temporary abandoned wells.

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 Date: 12-20-2000

Subscribed and sworn to before me this 24th day of January 2001.

Notary Public: Shirley A. Stotler

Date Commission Expires: _____

SHIRLEY A. STOTLER
 Notary Public - State of Kansas
 My Appt. Expires 1-20-2004

KCC Office Use Only

Letter of Confidentiality Attached
 If Denied, Yes Date _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

KANSAS CORPORATION COMMISSION

JAN 29 2001

CONSERVATION DIVISION

Operator Name COLT ENERGY, INC. Lease Name HAZEN Well # 231
 Sec. 2 Twp. 23 S. R. 16 East West County COFFEY

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum SEE ATTACHED DRILLERS LOG
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CASING RECORD <input checked="" 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
SURFACE	10 3/4	7"	19	43.50	50/50 POZ	40	2% GEL 2% CC
PRODUCTION	5 5/8	2 7/8 10RD	6.5	993.20	50/50 POZ	131	2% GEL

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

Shots Per/F	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	DML RTG 960-967	GALS 15%HCL	
		# 12/20 SAND	

TUBING RECORD		Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr			Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift		
Estimated Production/24hrs	Oil Bbbs	Gas Mcf	Water Bbbs	Gas-Oil Ratio	Gravity
Disposition Of Gas			METHOD OF COMPLETION		
<input type="checkbox"/> Vented	<input type="checkbox"/> Sold	<input type="checkbox"/> Used on Lease	<input type="checkbox"/> Open Hole	<input checked="" type="checkbox"/> Perf.	<input type="checkbox"/> Dually Compl.
(If vented Submit ACO-18)			-----Other (Specify) _____		