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ORIGINAL

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

RECEIVED
DEC 27 2004
KCC WICHITA

Operator: License # 5150
Name: COLT ENERGY, INC.
Address: P. O. BOX 388
City/State/Zip: IOLA, KS 66749
Purchaser: COFFEYVILLE RESOURCES, LLC
Operator Contact Person: DENNIS KERSHNER
Phone: (620) 365-3111
Contractor: Name: FINNEY DRILLING
License: 5989
Wellsite Geologist: JIM STEGEMAN
Designate Type Of Completion:
 New Well ReEntry Workover
 Oil SWD SLOW 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. _____
5-17-04 5-20-04 9-7-04
Spud Date or Completion Date Date Reached TD Completion Date or Recompletion Date

API No. 15-031-22, 011-0000
County: COFFEY
NW SE -NW SW Sec. 2 Twp. 23 S. R. 16 X E W
1815 feet from S Line of Section
4344 feet from E Line of Section
Footages Calculated from Nearest Outside Section Corner:
Circle one SE
Lease Name: LIPSEY Well #: 18
Field Name: NEOSHO FALLS - LEROY
Producing Formation: SQUIRREL
Elevation : Ground: UNKNOWN Kelly Bushing: _____
Total Depth: 1010 Plug Back Total Depth: 994.80
Amount of Surface Pipe Set and Cemented at 41 Feet
Multiple Staging Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II Completion, cement circulated from 994.80
feet depth to SURFACE w/ 153 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: 12-22-04

Subscribed and sworn to before me this 22nd day of December
20 04.
Notary Public: *Shirley A. Stotler*
Date Commission Expires: 1-20-2008

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

SHIRLEY A. STOTLER
Notary Public - State of Kansas
My App. Expires 1-20-2008

Operator Name COLT ENERGY, INC. Lease Name LIPSEY Well # 18
 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run:	<input checked="" 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	11 5/8	7"	19	41	50/50 POZO	42SXS	PREMIUM GEL 2%
PRODUCTION	5 5/8	2 7/8" 10RD	6.5	994.80'	50/50 POZO	153SXS	PREM GEL 2%

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	971 - 978	50GAL 15% HCL	971-978
		3000LBS 12/20 SAND	
		1000LBS 20/40 SAND	

TUBING RECORD	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First Production <u>9/27/04</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift
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Estimated Production/24hrs	Oil 3.5 Bbls	Gas Mcf	Water 7.5 BBLS.	Gas-Oil Ratio	Gravity
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Disposition Of Gas	METHOD OF COMPLETION	Production Interval
<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. <input type="checkbox"/> Commingled	
(If vented Submit ACO-18)	-----Other (Specify) _____	