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**

Operator: License # 5150
Name: COLT ENERGY, INC.
Address: P. O. BOX 388
City/State/Zip: IOLA, KS 66749
Purchaser: ONEOK
Operator Contact Person : DENNIS KERSHNER
Phone: (620- 365-3111
Contractor: Name: KMAC DRILLING LLC
License: 5675
Wellsite Geologist:
Designate Type Of Completion:
_____New Well _____ReEntry _____Workover
_____ Oil _____SWD _____SIOW _____Temp Abd
__X__ 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._____

5-15-01	5-31-01	11-6-01
Spud Date or Completion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15-205-25,358
County: WILSON
____-NW-SW-SW Sec. 33 Twp. 30 S. R. 17 X E ___W
990 feet from S Line of Section
4950 feet from E Line of Section
Footages Calculated from Nearest Outside Section Corner:
Circle one SE
Lease Name: S FRIESS Well #: 1
Field Name: NEODESHA
Producing Formation: RIVERTON
Elevation : Ground: UNKNOWN Kelly Bushing:
Total Depth: 1145 Plug Back Total Depth: 1129.35
Amount of Surface Pipe Set and Cemented at 20 Feet
Multiple Staging Cementing Collar Used? _____Yes X No
If yes, show depth set _____----------_____Feet
If Alternate II Completion, cement circulated from 1145
feet depth to SURFACE w/ 120 sx cement.

Drilling Fluid Management Plan(Data Collected From Pit)
Chloride Content 1000 ppm Fluid Volune 80 bbls
Dewatering method used PUMPED OUT PUSH IN
Location of fluid disposal if hauled offsite:
Operator Name:
Lease Name: License No.:
Ouarter _____ 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: 11-28-01

Subscribed and sworn to before me this 28th day of November
2001.
Notary Public: Shirley A Stotler
Date Commission Expires: 1-20-2004

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

KCC Office Use Only
_____Letter of Confidentiality Attached
If Denied, Yes Date _____
_____Wireline Log Received
_____Geologist Report Received
_____ UIC Distribution

SIDE TWO

Operator Name COLT ENERGY, INC. Lease Name S FRIESS Well # 1

Sec. 33 Twp. 30 S. R. 17 X East West County WILSON

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 ___Yes X No
(Attach Additional Sheets)

Samples Sent to Geological Survey X Yes ___ No
Cores Taken ___Yes X No
Electric Log Run X Yes ___ No
(Submit Copy)
List All E. Logs Run:

___ Log Formation (Top), Depth and Datum ___ Sample
Name Top Datum
SEE ATTACHED DRILLERS LOG

CASING RECORD X 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	11"	8 5/8		20'	PORTLAND	4SXS	
PRODUCTION	6 3/4	4 ½	10.5	1129.35	PORTLAND A	120	2% GEL

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___Perforate				
___Protect Casing				
___Plug Back TD				
___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
6	3 3/8"DP EXPENDABLE CASING GUN 1083-1087	350GAL HCL	1083-1087
		5SXS 12/20 SAND	
		10SXS 20-40 SAND	

TUBING RECORD Set At Packer At Liner Run ___Yes ___No

Date of First Production 11-12-2001 Producing Method: ___Flowing X Pumping ___Gas Lift

Estimated Production/24hrs Oil Bbls Gas Mcf 0 Water 45 BBLS. Gas-Oil Ratio Gravity

Dispostion Of Gas METHOD OF COMPLETION Production Interval

___Vented X Sold ___Used on Lease ___Open Hole X Perf. ___Dually Compl. ___Commingled

(If vented Submit ACO-18) -------Other (Specify)