## 

## Kansas Corporation Commission Oil & Gas Conservation Division

ORIGINA Form ACC-1
September 1999
Form Must Be Typed

## WELL COMPLETION FORM **WELL HISTORY - DESCRIPTION OF WELL & LEASE**

AMENDED

| Operator: License # 33698                                                                                                                           | API No. 15 - 205-26225 - 00-00                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name: Colt Natural Gas, LLC                                                                                                                         | County: Wilson                                                                                                                                                                                                                                                                                                                                                          |
| Address: 4350 Shawnee Mission Parkway                                                                                                               | S/2 _S/2 _NW_ SE Sec. 21 Twp. 30 S. R. 16                                                                                                                                                                                                                                                                                                                               |
| City/State/Zip: Fairway, KS 66205                                                                                                                   | 1500 feet from S/ N (circle one) Line, of Section                                                                                                                                                                                                                                                                                                                       |
| Purchaser:                                                                                                                                          | 2000 feet from (E) W (circle one) Line of Section                                                                                                                                                                                                                                                                                                                       |
| Operator Contact Person: M. B. Nattrass MAY 1 0 2006                                                                                                | Footages Calculated from Nearest Outside Section Corner:                                                                                                                                                                                                                                                                                                                |
| Operator Contact i eracin.                                                                                                                          | (circle one) NE (SE) NW SW                                                                                                                                                                                                                                                                                                                                              |
| Phone: (913) 748-3987 CONFIDENTIAL  Contractor: Name: Thorton Air                                                                                   | Lease Name: Hare B&B Well #: 10-21                                                                                                                                                                                                                                                                                                                                      |
| License: 33606                                                                                                                                      | Field Name: Neodesha                                                                                                                                                                                                                                                                                                                                                    |
| Wellsite Geologist:                                                                                                                                 | Producing Formation: Cherokee Coals                                                                                                                                                                                                                                                                                                                                     |
| Designate Type of Completion:                                                                                                                       | Elevation: Ground: 797' Kelly Bushing:                                                                                                                                                                                                                                                                                                                                  |
| New Well Re-Entry Workover                                                                                                                          | Total Depth: 900' Plug Back Total Depth: 889'                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                     | Amount of Surface Pipe Set and Cemented at 45' Feet                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                     | Multiple Stage Cementing Collar Used?                                                                                                                                                                                                                                                                                                                                   |
| ✓ Gas ENHR SIGW                                                                                                                                     | If yes, show depth setFeet                                                                                                                                                                                                                                                                                                                                              |
| Dry Other (Core, WSW, Expl., Cathodic, etc)                                                                                                         | If Alternate II completion, cement circulated from 895'                                                                                                                                                                                                                                                                                                                 |
| If Workover/Re-entry: Old Well Info as follows:                                                                                                     | feet depth to Surface w/ 100 sx cmt.                                                                                                                                                                                                                                                                                                                                    |
| Operator:                                                                                                                                           | reet depth tosx cmt.                                                                                                                                                                                                                                                                                                                                                    |
| Well Name:                                                                                                                                          | Drilling Fluid Management Plan                                                                                                                                                                                                                                                                                                                                          |
| Original Comp. Date: Original Total Depth:                                                                                                          | (Data must be collected from the Reserve Pit)                                                                                                                                                                                                                                                                                                                           |
| Deepening Re-perf Conv. to Enhr./SWD                                                                                                                | Chloride content N/A ppm Fluid volume bbls                                                                                                                                                                                                                                                                                                                              |
| Plug Back Plug Back Total Depth                                                                                                                     | Dewatering method used N/A - Air Drilled                                                                                                                                                                                                                                                                                                                                |
| Commingled Docket No.                                                                                                                               | Location of fluid disposal if hauled offsite:                                                                                                                                                                                                                                                                                                                           |
| Dual Completion Docket No                                                                                                                           | Operator Name:                                                                                                                                                                                                                                                                                                                                                          |
| Other (SWD or Enhr.?) Docket No                                                                                                                     | Lease Name: License No.:                                                                                                                                                                                                                                                                                                                                                |
| 12/13/2005 12/14/2005 2/17/2006                                                                                                                     | Quarter Sec TwpS. R East West                                                                                                                                                                                                                                                                                                                                           |
| Spud Date or Date Reached TD Completion Date or Recompletion Date                                                                                   |                                                                                                                                                                                                                                                                                                                                                                         |
| Necompletion Date 11000mpletion Date                                                                                                                | County: Docket No.:                                                                                                                                                                                                                                                                                                                                                     |
| Kansas 67202, within 120 days of the spud date, recompletion, workov Information of side two of this form will be held confidential for a period of | th the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, ver or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. 12 months if requested in writing and submitted with the form (see rule 82-3-s and geologist well report shall be attached with this form. ALL CEMENTING s. Submit CP-111 form with all temporarily abandoned wells. |
| All requirements of the statutes, rules and regulations promulgated to regul herein are complete and correct to the best of my knowledge.           | ate the oil and gas industry have been fully complied with and the statements                                                                                                                                                                                                                                                                                           |
| Signature: MS Natha                                                                                                                                 | KCC Office Use ONLY                                                                                                                                                                                                                                                                                                                                                     |
| Accept                                                                                                                                              | V                                                                                                                                                                                                                                                                                                                                                                       |
| Title: Date: 617/06                                                                                                                                 | Letter of Confidentiality Attached                                                                                                                                                                                                                                                                                                                                      |
| Subscribed and sworn to before me this 1 day of Ume                                                                                                 | If Denied, Yes Date:                                                                                                                                                                                                                                                                                                                                                    |
| 20 00 1) /2 / 1                                                                                                                                     | Wireline Log Received                                                                                                                                                                                                                                                                                                                                                   |
| Notary Public:                                                                                                                                      | Letter of Confidentiality Attached  If Denied, Yes Date: Wireline Log Received Geologist Report Received UIC Distribution  Letter of Confidentiality Attached  When Score Received  When Score Received  When Score Received                                                                                                                                            |
| Date Commission Expires: VZ ZX O                                                                                                                    | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                   |
| . NOTARY PUBLIC                                                                                                                                     | State Of Kansas                                                                                                                                                                                                                                                                                                                                                         |

BROOKE C. MAXFIELD My Appl. Exp. 12 28 My Appt. Exp. 12