

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

RECEIVED
AUG 07 2006

~~COLLECTED~~

Operator: License # 5150
Name: COLT ENERGY, INC
Address: P O BOX 388
City/State/Zip: IOLA, KS 66749
Purchaser: ONE OK
Operator Contact Person: DENNIS KERSHNER
Phone: (620) 365-3111
Contractor: Name: WELL REFINED DRILLING CO, INC
License: 33072
Wellsite Geologist: JIM STEGEMAN

API No. 15 - 099-23,782 0000
County: LABETTE
C SW NW Sec. 25 Twp. 31 S. R. 17 East West
1980 feet from S (N) (circle one) Line of Section
**660 feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: K & L KING Well #: 5-25
Field Name: COFFEYVILLE-CHERRYVALE

Producing Formation: PENNSYLVANIA COALS
Elevation: Ground: UNKNOWN Kelly Bushing: _____
Total Depth: 1058 Plug Back Total Depth: 1048
Amount of Surface Pipe Set and Cemented at 21.6 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1058
feet depth to SURFACE w/ 110 sx cmt.
ADJUTANT 7-11-06

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 0 ppm Fluid volume 0 bbls
Dewatering method used WELL DRILLED W/AIR NO FLUID-PUSHED PIT IN
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

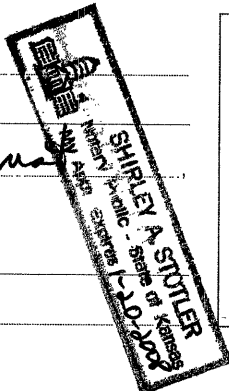
If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

| | | |
|-----------------------------------|-----------------|---|
| <u>10/7/05</u> | <u>10/10/05</u> | <u>3-9-06</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

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 the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report 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.

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: 8-4-06
Subscribed and sworn to before me this 4th day of August
2006
Notary Public: Shirley A Stotler
Date Commission Expires: 1-20-2008



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

ORIGINAL

Operator Name: COLT ENERGY, INC Lease Name: K & L KING Well #: 5-25
 Sec. 25 Twp. 31 S. R. 17 East West County: LABETTE

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 No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

DRILLERS LOG ATTACHED

List All E. Logs Run:

GAMMA RAY/ NEUTRON

| 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 | 12 1/4 | 8 5/8 | 24 | 21.6 | PORTLAND | 4 | |
| PRODUCTION | 6 3/4 | 4 1/2 | 10.5 | 1048. | THICK SET | 110 | |
| | | | | | | | |

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

| Shots Per Foot | 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 |
|----------------|---|---|---------|
| 4 | 950-954 | 250GAL 15% HCL, 70SXS 20/40 SAND | 950-954 |
| 4 | 509-512,535-540,568-571,598-601,612-614,640-642 | 250GAL 15% HCL, 3000# 20/40 SAND | 509-642 |
| | | | |
| | | | |

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| TUBING RECORD | | Size | Set At | Packer At | Liner Run | | |
|---|-----------|---------|---|---------------|-----------|------------------------------|-----------------------------|
| | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Date of First, Resumerd Production, SWD or Enhr. 3-10-06 | | | 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 Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity | | |
| | | 1.27 | 51.6 | | | | |

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____