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DEC 03 2001

KCC WICHITA

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

ORIGINAL

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 -0000

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.

ALT #2 KJR 8/07/07

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: 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

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 <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 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:	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"	8 5/8		20'	PORTLAND	4SXS	
PRODUCTION	6 3/4	4 1/2	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
<input type="checkbox"/> Perforate				
<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
		Amount	Kind	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First Production 11-12-2001			Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift		
Estimated Production/24hrs	Oil Bbls	Gas Mcf 0	Water 45 BBLs.	Gas-Oil Ratio	Gravity
Disposition Of Gas			METHOD OF COMPLETION		
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease		<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf.		Production Interval	
(If vented Submit ACO-18)		<input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Dually Compl. <input type="checkbox"/> Commingled	

ORIGINAL

Rig: 2		RECEIVED	
API No.	15-	205-25358-0000	
Operator:	Colt Energy	DEC 03 2001	
Address:	P.O. Box 388	KCC WICHITA	
	Iola, KS. 66749		
Well No:	1	Lease Name:	S. Friess
Footage Location:		990 ft. from the	South Line
		4950 ft. from the	East Line
Drilling Contractor:	KMAC Drilling LLC		
Spud date:	5/15/01	Geologist:	Jim Stegeman
Date Completed:	5/31/01	Total Depth:	1145'

S. 33	T. 30	R. 17e
Loc:	NW SW SW	
County:	Wilson	

Gas Tests:		
655'	2 oz - 1/8	
660'	5 oz - 1/8	1.18
695'	15 oz - 1/8	2.05
845'	12 oz - 1/8	1.83
885'	10 oz - 1/4	5.32
1025'	21 oz - 1 1/4	200,000
1065'	11 oz - 1 1/4	145,000
1093'	12 oz - 1 1/4	
1114'	10 oz on 1 1/4	
1125'	10 oz on 1 1/4	
1145'	10 oz on 1 1/4	

Casing Record		
	Surface	Production
Size Hole:	11"	6 3/4"
Size Casing:	8 5/8"	<i>check on cement 2/19/03</i> Colt
Weight:		
Setting Depth:	20'	Colt
Type Cement:	Portland	
Sacks:	4	McPherson

Rig Time:
1 Hr. Gas Test

Well Log									
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.	
OB	0	3	lime	409	417	shale	747	753	
clay	3	5	shale	417	464	coal	753	754	
shale	5	32	sand	464	469	shale	754	787	
lime	32	37	shale	469	475	coal	787	789	
shale	37	118	sand	475	485	shale	789	825	
sand	118	125	oil show	485	490	esand	825	841	
shale	125	143	shale	490	493	shale	841	872	
lime	143	147	sand	493	540	coal	872	874	
coal	147	150	shale	540	551	shale	874	929	
lime	150	156	lime pink	551	572	coal	929	930	
shale	156	178	blk shale	572	588	shale	930	1002	
sand	178	184	sand	588	592	sand brown	1002	1014	
shale	184	191	sandy shale	592	620	coal	1014	1015	
lime	191	210	shale	620	630	sand brown	1015	1017	
shale	210	218	oswego lime	630	660	coal	1017	1019	
lime	218	222	blk shale	660	669	shale	1019	1042	
shale	222	223	lime	669	690	coal	1042	1043	
blk shale	223	226	blk shale	690	693	shale	1043	1057	
lime	226	310	coal	693	694	coal	1057	1058	
shale	310	358	lime	694	697	shale	1058	1087	
lime	358	378	shale	697	714	coal	1087	1089	
shale	378	397	coal	714	715	shale	1089	1108	
lime	397	406	shale	715	745	Mississippi	1108	1145	
blk shale	406	409	lime	745	747				TD

CONSOLIDATED INDUSTRIAL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 316-431-9210 or 800-467-8676

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KCC WICHITA

TREATMENT REPORT

ORIGINAL

TICKET NUMBER 07691

LOCATION Chanute

FOREMAN Deagan

DATE <u>5/3/01</u>	CUSTOMER ACCT.#	WELL NAME <u>S. Freeze #1</u>	QTR/QTR	SECTION <u>34</u>	TWP <u>30</u>	RGE <u>17</u>	COUNTY <u>WJK</u>	FORMATION
CHARGE TO <u>Colt</u>				OWNER				
MAILING ADDRESS <u>304 N Jefferson</u>				OPERATOR				
CITY <u>Iola</u>				CONTRACTOR				
STATE <u>KS</u>		ZIP CODE <u>66749</u>		DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA	
HOLE SIZE <u>6 3/4</u>	
TOTAL DEPTH <u>1145</u>	
CASING SIZE <u>4 1/2</u>	
CASING DEPTH <u>1131</u>	
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA <u>Cement Pump</u>	

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS		
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB Wash Down and Cement Long String

JOB SUMMARY

DESCRIPTION OF JOB EVENTS Washed to 1131'. Ran wire line ahead of job then hooked on and broke circulation Ran 25K Perm Gel with H₂O₂ then Ran 12 Bull Dye and started cement Ran 120 SK Cement To Get Dye Back. Stopped and washed out Pump then Pumped Plug to Bottom. Set Float Shoe and Removed Plug container

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	
FINAL BPM	
MINIMUM BPM	
MAXIMUM BPM	
AVERAGE BPM	
HYD HHP = RATE x PRESSURE x 40.8	

AUTHORIZATION TO PROCEED

TITLE

DATE