

MAY 21 2007

CONSERVATION DIVISION
WICHITA, KS

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

7/31/08

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL AMENDED

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: FINNY DRILLING COMPANY
License: 5989
Wellsite Geologist: JIM STEGEMAN

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW 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>5/22/06</u>	<u>5/25/06</u>	<u>7/31/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-31,016 -00-00
County: MONTGOMERY
S/2 N/2 NE SE Sec. 17 Twp. 33 S. R. 17 East West
2060 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: STATON Well #: 9-17
Field Name: COFFEYVILLE - CHERRYVALE
Producing Formation: PENNSYLVANIAN COALS
Elevation: Ground: --- Kelly Bushing: ---
Total Depth: 1150 Plug Back Total Depth: 1140.75
Amount of Surface Pipe Set and Cemented at 37 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1150
feet depth to SURFACE w/ 120 _____ sx cmt.

Drilling Fluid Management Plan ATTN 8-27-08
(Data must be collected from the Reserve Pit)
Chloride content 1000 ppm Fluid volume 80 bbls
Dewatering method used PUMPED FLUIDS OUT
Location of fluid disposal if hauled offsite:
Operator Name: COLT ENERGY, INC
Lease Name: PETERSON License No.: 5150
Quarter SE Sec. 20 Twp. 33 S. R. 17 East West
County: MONTGOMERY Docket No.: D-27,887

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: 5/15/07
Subscribed and sworn to before me this 16th day of May
2007.
Notary Public: Shirley A Stotler
Date Commission Expires: 1-20-2008

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

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

Operator Name: COLT ENERGY, INC Lease Name: STATON Well #: 9-17
 Sec. 17 Twp. 33 S. R. 17 East West County: MONTGOMERY

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 <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: HIGH RESOLUTION COMPENSATED DENSITY GAMMA RAY/ CEMENT BOND, GAMMA RAY/ NEUTRON	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum DRILLERS LOG ATTACHED RECEIVED KANSAS CORPORATION COMMISSION MAY 21 2007 CONSERVATION DIVISION WICHITA, KS
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KCC
 JUL 31 2006
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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	12 1/4"	8 5/8	24	37	PORTLAND	10	
PRODUCTION	6 3/4	4 1/2	10.5	1140.75	THICK SET	120	

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	1026-1030	250GAL 15% HCL 5,000# 20/40 SAND	1026-1030
4	774-778, 793-797	250GAL 15% HCL 10,000# 20/40 SAND	774-797
4	459-461, 464-466, 467-469, 542-546, 570-574	250 GAL 15% HCL; 8,600# 20/40 SAND	459-574

TUBING RECORD		Size	Set At	Packer At	Liner Run
Date of First, Resumerd Production, SWD or Enhr. 8/6/06		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
		1.24	21.43		

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 _____