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KANSAS CORPORATION COMMISSION

MAY 21 2007

CONSERVATION DIVISION
WICHITA, KS

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

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: WELL REFINED DRILLING CO., INC
License: 33072
Wellsite Geologist: JIM STEGEMAN

KCC
AUG 03 2006
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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. _____

5/31/06 6/2/06 12/22/06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 099-23,914-00-00
County: LABETTE
SW SW NW Sec. 30 Twp. 31 S. R. 18 East West
2110 feet from S / N (circle one) Line of Section
515 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: MARCH Well #: 5-30
Field Name: COFFEYVILLE-CHERRYVALE
Producing Formation: PENNSYLVANIA COALS
Elevation: Ground: 899 Kelly Bushing: _____
Total Depth: 1080 Plug Back Total Depth: 1055.65
Amount of Surface Pipe Set and Cemented at 21.2 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1080
feet depth to SURFACE w/ 110 sx cmt.

Drilling Fluid Management Plan Alt II NH8-2708
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
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 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: MARCH Well #: 5-30
 Sec. 30 Twp. 31 S. R. 18 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.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i></p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i></p> <p>List All E. Logs Run:</p> <p>HIGH RESOLUTION COMPENSATED DENSITY/ NEUTRON, GAMMA RAY/NEUTRON</p>	<p><input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample</p> <p>Name Top Datum</p> <p>DRILLERS LOG ATTACHED</p> <p style="text-align: center;">RECEIVED KANSAS CORPORATION COMMISSION</p> <p style="text-align: center;">MAY 2 1 2007</p> <p style="text-align: center;">CONSERVATION DIVISION WICHITA, KS</p> <div style="text-align: center;">  </div>
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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	21.2	PORTLAND	6	
PRODUCTION	6 3/4	4 1/2	10.5	1055.65	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	920-923,947-950	250GAL 15% HCL; 9,500# 20/40 SAND	920-950
4	709-713,734-737	250GAL 15% HCL; 9,500# 20/40 SAND	709-737
4	503-506,530-536,565-568,591-594	250GAL 15% HCL; 2,700# 20/40 SAND	503-594

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. 12/28/06		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
		12.61	55.80		

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 _____