

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5150
Name: COLT ENERGY, INC
Address 1: PO BOX 388
Address 2: 1112 RHODE ISLAND RD
City: IOLA State: KS Zip: 66749 + 0 3 8 8
Contact Person: DENNIS KERSHNER
Phone: (620) 365-3111
CONTRACTOR: License # 5989
Name: FINNEY DRILLING COMPANY
Wellsite Geologist: JIM STEGEMAN
Purchaser: COFFEYVILLE RESOURCES,LLC

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 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. Conv. to SWD
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: PA 10/07/09
9/18/09 9/25/09 DRY/ PLUGGED
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

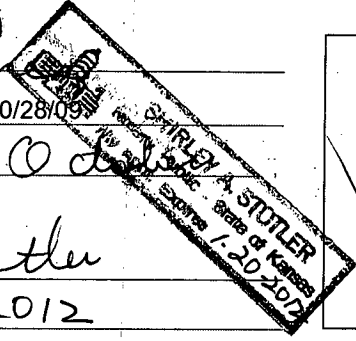
API No. 15 - 031-22,460-0000
Spot Description: _____
SW NW SE NW Sec. 1 Twp. 23 S. R. 16 East West
1815 Feet from North / South Line of Section
1485 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: COFFEY
Lease Name: BEARD # 1 Well #: C5
Field Name: NEOSHO FALLS - LEROY
Producing Formation: LOWER SQUIRREL
Elevation: Ground: 1012 Kelly Bushing: ----
Total Depth: 1015 Plug Back Total Depth: NONE
Amount of Surface Pipe Set and Cemented at: 40 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: DRY/PLUGGED
feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan P+A AH II ML
(Data must be collected from the Reserve Pit) 11-6-09
Chloride content: 1000 ppm Fluid volume: 80 bbls
Dewatering method used: PUMPED PIT OUT - PUSHED IN
Location of fluid disposal if hauled offsite:
Operator Name: COLT ENERGY, INC
Lease Name: MURRAY License No.: 5150
Quarter SE Sec. 2 Twp. 23 S. R. 16 East West
County: COFFEY Docket No.: D-28,297

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 on 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.

10/28/09
Kershner
10/28/09

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: 10/28/09
Subscribed and sworn to before me this 28th day of October
2009
Notary Public: Shirley A Stotler
Date Commission Expires: 1-20-2012



KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
OCT 30 2009

KCC WICHITA

Operator Name: COLT ENERGY, INC Lease Name: BEARD # 1 Well #: C5
 Sec. 1 Twp. 23 S. R. 16 East West County: COFFEY

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 ENCLOSED

List All E. Logs Run:
GAMMA RAY/NEUTRON LOG

CASING RECORD <input 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	7"	19	40	CLASS A	35	68%CC&GEL
PRODUCTION	5 5/8			NONE			

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
	NONE DRY/PLUGGED		

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TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		Producing Method: <input type="checkbox"/> Flowing <input 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

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 20190

LOCATION Ottawa KS

FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/18/09	1828	Beard 1 # C-5	NTW 1	23	16	CF
CUSTOMER Colt Energy Inc						
MAILING ADDRESS 1112 Rhode Island Rd			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Tola			506	FREMAD		
STATE KS			495	CASKEN		
ZIP CODE 66749			548	JASHAR		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 40' CASING SIZE & WEIGHT 7"
 CASING DEPTH 40' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10' +
 DISPLACEMENT 1.75BL DISPLACEMENT PSI _____ MIX PSI _____ RATE 48PM

REMARKS: Establish Circulation thru 7" casing Mixt Pump 37 SKS
Class A Cement 2% Gel 2% Calcium Chloride Displace
7" clean w/ 1.75BL Fresh water. Shut in casing.

Fred Mader

Kurt Finney Drilling
Customer supplied H₂O

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE <u>Surface Cement</u>		680 ⁰⁰
5406	50 mi	MILEAGE <u>Dump Truck</u>		172 ⁵⁰
5402	40'	<u>Casing Footage</u>		N/C
5407	minimum	<u>Ton Miles.</u>		296 ⁰⁰
11045	36	<u>Class A Portland Cement</u>		457 ²⁰
1118B	68#	<u>Premium Gel</u>		10 ⁵⁸
1102	68#	<u>Calcium Chloride.</u>		48 ²⁸
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KCC WICHITA				
<u>NO 231262</u>				
5.3% SALES TAX				27 ³⁷
ESTIMATED TOTAL				1692 ²³

AUTHORIZATION xx Larry Becker TITLE HNIC DATE _____
 Ravin 3737

274

COLT ENERGY, INC. — OIL OPERATION ^{3 hrs}

WELL PULLING RECORD

Date 10-7-09

Lease Name Beard #1 Well No. C-5

Reason for Pulling _____

Type of Pump Removed _____

Special Equip. Removed (Anchors, Checks, etc.) _____

T.D., SLM _____ Fluid Level from Surface _____

Well Conditions Seen (Corrosion, Gas, Gyp, Paraffin, Sand, etc.) _____

Chemical Treatment (Kind and Amount) _____

Type of Pump Run In T.D. - 20 sacks

550' - 20 sacks

Special Equipment (Anchors, Checks, etc.) Run In 250' to top 50 sacks

Additional Information; including jack or other repairs, tubing clamp loose, and oil cleanup. _____

Ran 1" in to T.D. & plugged well, pulled out.

Called In By _____ Signed By Butal

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TICKET NUMBER 20214
 LOCATION Ottawa KS
 FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/7/09	1828	Beard 1 # C-5	NW 1	23	16	CF
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE Plug HOLE SIZE 5 7/8 HOLE DEPTH 1010 CASING SIZE & WEIGHT ---
 CASING DEPTH --- DRILL PIPE 1" TUBING OTHER 1 3/4" Full
 SLURRY WEIGHT --- SLURRY VOL --- WATER gal/sk --- CEMENT LEFT in CASING Full
 DISPLACEMENT --- DISPLACEMENT PSI --- MIX PSI --- RATE 1 1/2 BPM

REMARKS: Establish circulation thru 1" Tubing. Mix + Pump 20 SKS
50/50 Por Mix Cement 4% Premium Gel. Spot @ TD
Pull 1" to 550' Mix + Pump 20 SKS Cement, Pull 1"
to 250' Fill to surface w/ cement (45 SKS) Pull
remaining 1" + Top off Well 85 SKS Total.

Plug to Abandon.
Customer Supplied H₂O.
Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE Cement Pump		870 ⁰⁰
5406	-0-	MILEAGE Trucks on lease		00
5407A	178.5	Ten Miles.		207 ⁰⁶
1124	82 SKS	50/50 Por Mix Cement		758 ⁵⁰
1118B	286 #	Premium Gel		457 ⁶
<u>WO # 2-31521</u>				
RECEIVED				
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KCC WICHITA				
5.3%				
			SALES TAX	42 ⁶³
			ESTIMATED TOTAL	1923 ²⁵

AVIN 3737 AUTHORIZATION Melvin J. Norman TITLE _____ DATE _____