

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

10/30/09

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.: _____
9/15/09 9/18/09 DRY/PLUGGED
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 031-22,457-0000
 Spot Description: NE SE SW NW
~~NE SW SE NW~~ Sec. 1 Twp. 23 S. R. 16 East West
2145 Feet from North / South Line of Section
1155 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 #: B4
 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.

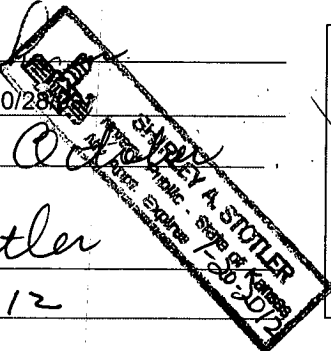
Drilling Fluid Management Plan *P+ A AH II NR 11-6-09*
(Data must be collected from the Reserve Pit)
 Chloride content: 1000 ppm Fluid volume: 80 bbls
 Dewatering method used: PUMPED PIT OUT - PUSHED IN
 Location of fluid disposal if hauled offsite:
 Operator Name: COLT ENERGY, INC
 Lease Name: MURRAY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

*for review
10/30/09*

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: 10/28/09
 Subscribed and sworn to before me this 25th day of October
2009
 Notary Public: *Shirley A Statler*
 Date Commission Expires: 1-20-2012



KCC Office Use ONLY

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

KCC WICHITA

Operator Name: COLT ENERGY, INC Lease Name: BEARD # 1 Well #: B4
 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)

List All E. Logs Run:

GAMMA RAY/NEUTRON LOG

Log Formation (Top), Depth and Datum Sample

Name Top Datum
DRILLERS LOG ENCLOSED

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		

RECEIVED
 OCT 30 2009

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run:	KCC WICHITA	
					<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:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____ _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 20185
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
9/15/09	1828	Beard 1 # B.4	Nw 1	23	16	CF
CUSTOMER Colt Energy Inc			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1112 Rhode Island Rd			506	FREMAN		
CITY Iola			495	CASKEN		
STATE KS			503	ARLMCD		
ZIP CODE 66749						

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 1.75B DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Establish circulation thru 7" casing. Mix + Pump 45
SKS 50/50 Poz Mix Cement 2% Gel 1/4" Pheno Seal 2%
Calcium Chloride. Cement to surface. Displace casing
clean w/ 1.75 BBL fresh water. Shut in casing.

Kurt Finney Drilling

Fred Maden

Customer Supplied H₂O.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE <u>Surface Cement</u>		<u>680.00</u>
5406	-0-	MILEAGE <u>Trucks on lease</u>		<u>N/C</u>
5402	40'	<u>Casing Footage</u>		<u>N/C</u>
5407A	25.62 <u>140.5</u>	<u>ton miles. - 94.5</u>	<u>10963</u>	<u>1537.17</u>
1124	<u>43.3 SKS</u>	<u>50/50 Poz Mix Cement</u>		<u>397.75</u>
1118B	<u>85#</u>	<u>Premium Gel</u>		<u>13.60</u>
1102	<u>85#</u>	<u>Calcium Chloride</u>		<u>60.35</u>
1107A	<u>10#</u>	<u>Pheno Seal.</u>		<u>10.80</u>
<u>WO 23/247</u>			RECEIVED	
			OCT 30 2009	
			KCC WICHITA	
			SALES TAX <u>5.3%</u>	<u>25.51</u>
			ESTIMATED TOTAL	<u>1537.17</u>

Ravin 3737

AUTHORIZATION Larry Becker

TITLE _____

DATE _____

1297.69

324
COLT ENERGY, INC. — OIL OPERATION ^{3 hrs}

WELL PULLING RECORD

Date 10-7-09

Lease Name Beard 1 Well No. B-4

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 sack

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 Butch

RECEIVED
OCT 30 2009
KCC WICHITA



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 20215
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
10/7/09	1828	Beard 1 # B-4	NW 1	23	16	CF
CUSTOMER Colt Energy						
MAILING ADDRESS 1112 Rhode Island						
CITY Iola		STATE KS	ZIP CODE 66749			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		506	FREMAD			
		495	CASKEN			
		479	JONSAN			

JOB TYPE Plug HOLE SIZE 5 7/8 HOLE DEPTH 1010 CASING SIZE & WEIGHT —
 CASING DEPTH — DRILL PIPE — TUBING — OTHER —
 SLURRY WEIGHT — SLURRY VOL — WATER gal/sk — CEMENT LEFT in CASING None Full
 DISPLACEMENT — DISPLACEMENT PSI — MIX PSI — RATE 1 1/2 BPM

REMARKS: Establish circulation. Mix & Pump 20 SKS 50/50 Per Mix Cement 4% 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" Tubing. Top of Well. 85 SKS Total cement Plug to Abandon.
 Customer Supplied H₂O. *Fred Mader*

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		N/C
5407A	178.5	Tax Miles.		207 ⁰⁰
1124	82 SKS	50/50 Per Mix Cement		258 ⁵⁰
1183	286 [#]	Premium Gel		45 ⁷⁶
WOT #231522 RECEIVED OCT 30 2009 KCC WICHITA SCANNED				
			5.3%	SALES TAX 42 ⁶³
				ESTIMATED TOTAL 1923 ⁹⁵

Ravin 3737 AUTHORIZATION Melvin L. Norman TITLE _____ DATE _____

