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*Kelly
1/10/09*

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

RECEIVED
KANSAS CORPORATION

11/15/09
~~AMENDED~~

JAN 05 2009

Form ACO-1
September 1999
Form Must Be Typed

CONSERVATION
WICHITA, KS

ORIGINAL

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: FINNEY 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, Exp. Oilfield, 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>8/3/07</u>	<u>8/7/07</u>	<u>8/28/08</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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API No. 15 - 125-31,373 - 0000
 County: MONTGOMERY
NW SW NE NW Sec. 33 Twp. 33 S. R. 17 East West
875 feet from S / N (circle one) Line of Section
1370 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: BENNING/MULLER Well #: 3-33
 Field Name: COFFEYVILLE-CHERRYVALE
 Producing Formation: PENNSYLVANIAN COALS
 Elevation: Ground: 753 Kelly Bushing: _____
 Total Depth: 946 Plug Back Total Depth: 932.9
 Amount of Surface Pipe Set and Cemented at 252 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 946
 feet depth to SURFACE w/ 100 _____ sx cmt.

Drilling Fluid Management Plan APP # NW 4-2109
 (Data must be collected from the Reserve Pit)
 Chloride content 1000 ppm Fluid volume 45 bbls
 Dewatering method used PUMPED PIT OUT - PUSHED IN
 Location of fluid disposal if hauled offsite:
 Operator Name: COLT ENERGY, INC
 Lease Name: WEBB SWD 1 License No.: 5150
 Quarter SE Sec. 30 Twp. 33 S. R. 17 East West
 County: MONTGOMERY Docket No.: D-30,074

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: 12/31/08
 Subscribed and sworn to before me this 31st day of December
20 08
 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

SHIRLEY A STOTLER
 Notary Public
 State of Kansas
 My Comm. Expires 1-20-2012

Operator Name: COLT ENERGY, INC Lease Name: BENNING/MULLER Well #: 3-33
 Sec. 33 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 checked="" type="checkbox"/> Yes <input 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 & DUAL INDUCTION SFL/GR & GAMMA RAY/ NEUTRON/CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum DRILLERS LOG ATTACHED RECEIVED KANSAS CORPORATION COMMISSION JAN 05 2009 CONSERVATION DIVISION WICHITA, KS
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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	252	PORTLAND	110	
PRODUCTION	6 3/4	4 1/2	10.5	932.9	THICK SET	100	

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
2"DML RTG	816-818, 881-884, 897-902	250 GAL 15% HCL 9500# 20/40 BRADY SAND	816-902
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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.			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

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 _____