

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: _____

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.: _____
10/23/09 10/27/09 DRY/PLUGGED
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 031-22,481-6003
Spot Description: NW/4
NE SE NE NW Sec. 1 Twp. 23 S. R. 16 East West
825 Feet from North / South Line of Section
2475 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 #: F8
Field Name: NEOSHO FALLS-LEROY
Producing Formation: LOWER SQUIRREL
Elevation: Ground: 825 Kelly Bushing: ---
Total Depth: 1023 Plug Back Total Depth: NONE
Amount of Surface Pipe Set and Cemented at: 42 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 I NR
(Data must be collected from the Reserve Pit) 1-20-10
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: PIT NOT CLOSED AT THIS TIME
Location of fluid disposal if hauled offsite:
Operator Name: COLT ENERGY, INC
Lease Name: _____ License No.: 5150
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: 12/31/09
Subscribed and sworn to before me this 30th day of December
2009
Notary Public: Shirley A. Stotler
Date Commission Expires: 1-20-2012

KCC Office Use ONLY
N Letter of Confidentiality Received
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution
RECEIVED
JAN 04 2010

Operator Name: COLT ENERGY, INC Lease Name: BEARD "1" Well #: F8
 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 <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 checked="" type="checkbox"/> No Cores Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <p style="text-align: center;">NONE GROUND CONDITIONS WOULD NOT PERMIT EQUIPMENT TO GET ON LOCATION</p>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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	42'	50/50 POZ	49	
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
	DRY/PLUGGED		

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. NONE	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 <i>(If vented, Submit ACO-18.)</i>	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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COLT ENERGY, INC.

CORPORATE OFFICE

P.O. Box 388 • 1112 Rhode Island Rd. • Iola, Ks. 66749-0338
Phone (620) 365-3111 • Fax (620) 365-3170

December 30, 2009

RECEIVED

JAN 04 2010

KCC WICHITA

KCC

Conservation Division
130 S Market, Room 2078
Wichita Kansas 67202

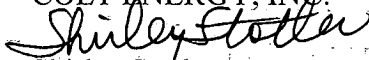
To Whom It Concern:

Enclosed please find copies of Well Completion Form ACO-1 & Well Plugging Record form CP4 and supporting data from Colt Energy, Inc. on the Beard "1" F8 located 1-23-16 Coffey County Kansas. Please note that there has not been a CDP4 filed at this time due to the ground conditions and wet weather.

If you have any questions, contact Shirley Stotler at 620-365-3111.

Sincerely,

COLT ENERGY, INC.



Shirley Stotler
Production Clerk

SS

Encl.

cc:Dist 3 Office



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 22511
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
12/16/09	1828	Beard 1 # F-8	NW 1	23	16	CF
CUSTOMER Colt Energy Inc.			TRUCK #			
MAILING ADDRESS 1112 Rhode Island			DRIVER		TRUCK #	
CITY Tola			DRIVER		TRUCK #	
STATE KS			DRIVER		TRUCK #	
ZIP CODE 66749			DRIVER		TRUCK #	
			DRIVER		TRUCK #	
			DRIVER		TRUCK #	
			DRIVER		TRUCK #	

JOB TYPE Plug HOLE SIZE 5/8" HOLE DEPTH 1000' CASING SIZE & WEIGHT N/A
 CASING DEPTH 0 DRILL PIPE 1" TUBING 1000' OTHER None
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in Well Full
 DISPLACEMENT N/A DISPLACEMENT PSI _____ MIX PSI _____ RATE 7 1/2 BPM

REMARKS: Plug to Abandon Spast 20 sks @ TO thru 1" Tubing
Pull Tubing to 550' Spast 20 sks @ 550' Pull of
Tubing to 250' Fill to Surface. Pull remaining
Tubing & Top of well - 45 sk.

Total - 85 sks 50/50 Pop Mix Cement 6% Gel

Customer Supplied H₂O.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE <u>Plug to Abandon</u>		870 ⁰⁰
5406	50 mi	MILEAGE <u>Pump Truck</u>		172 ⁵⁰
5407	Minimum	<u>Ten Miles</u>		296 ⁰⁰
1124	80 SKS	<u>50/50 Pop Mix Cement</u>		740 ⁰⁰
1118B	<u>428⁴⁵</u>	<u>Premium Gel</u>		68 ⁴⁵
				RECEIVED
				JAN 04 2010
				KCC WICHITA
				5.37%
SALES TAX				42 ⁸⁵
ESTIMATED TOTAL				2189 ⁸³

Rv10 3737

AUTHORIZATION [Signature]

TITLE _____

DATE _____