

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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 + 0388
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.: _____
11/20/09 11/24/09 DRY/ PLUGGED
Spud Date or Date Reached TD Completion Date or Recompletion Date

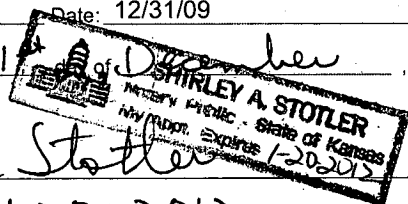
API No. 15 - 031-22,469-0000
Spot Description: _____
NW SE SE NE Sec. 11 Twp. 23 S. R. 16 ☒ East ☐ West
3245 Feet from ☐ North / ☒ South Line of Section
605 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☒ SE ☐ SW
County: COFFEY
Lease Name: BEARD/SKELTON "1" Well #: 26
Field Name: NEOSHO FALLS - LEROY
Producing Formation: LOWER SQUIRREL
Elevation: Ground: 986 Kelly Bushing: _____
Total Depth: 971 Plug Back Total Depth: NONE
Amount of Surface Pipe Set and Cemented at: 41.35 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
(Data must be collected from the Reserve Pit) 1-20-10
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: PIT HAS NOT BEEN FILLED
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: 12/31/09
Subscribed and sworn to before me this 31 day of December
2009
Notary Public: Shirley A. Stotler
Date Commission Expires: 1-20-2012



KCC Office Use ONLY	
<input checked="" type="checkbox"/> Letter of Confidentiality Received	
<input type="checkbox"/> If Denied, Yes <input type="checkbox"/> Date: _____	
<input type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	

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Operator Name: COLT ENERGY, INC Lease Name: BEARD/SKELTON "1" Well #: 26
 Sec. 11 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:

☒ 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	41.35	50/50 POZ	39	
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		
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. DRY/PLUGGED		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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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

12-31-09

KCC Conservation Office
130 S Market, Room 2078
Wichita, Kansas 67202-1286

To Whom It May Concern:

Enclosed please find copies of Well Plugging Record CP-4 and Well Completion Form ACO-1 and necessary logs & forms for the following wells located in Montgomery County:

(ACO1) ✓ Marchant D2

(ACO1) ✓ Flanders D2

Wells located in Coffey County as follows:

(ACO1) ✓ Beard/Skelton "1" 28

(ACO1) ✓ Beard "1" E7

(ACO1) ✓ Beard/Skelton "3" 33-1

(ACO1) ✓ Beard/Skelton "1" 26

Also enclosed you will find copies of CDP5 Exploration & Production Waste Transfer and CDP4 Closure of Surface Pit for the Beard/Skelton "3" 33-1.

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

Sincerely,

COLT ENERGY, INC.

Shirley Stotler

Shirley Stotler
Production Clerk

Ss

Encl.

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DRILLERS LOG

OIL PURCHASER: COFFEYVILLE RESOURCES

CASING RECORD

PURPOSE	SIZE OF HOLE	SIZE OF CASING	WEIGHT LBS/FT	SETTING DEPTH	TYPE CEMENT	SACKS	TYPE AND % ADDITIVES
SURFACE:	12 1/4	7	19	41.35	I	63	SERVICE COMPANY
PRODUCTION:	5 7/8	2 7/8	6.5	PLUG WELL			

WELL LOG

ACTUAL CORING TIME:

FORMATION	TOP	BOTTOM
TOP SOIL	0	1
SILT	1	25
SAND	25	30
GRAVEL	30	35
SHALE	35	127
LIME	127	204
SHALE	204	285
LIME	285	300
SHALE	300	302
LIME	302	403
SHALE	403	419
LIME	419	422
SHALE	422	447
KC LIME	447	493
SHALE	493	497
KC LIME	497	517
SHALE	517	522
KC LIME	522	544
SHALE	544	548
KC LIME	548	572
BIG SHALE	572	737
LIME	737	745
SHALE	745	757
LIME	757	766
SHALE	766	772
LIME	772	774
SHALE	774	797
LIME	797	799
SHALE	799	826
LIME	826	827
SAND & SHALE	827	858
LIME	858	863
SHALE	863	865
LIME	865	867
SAND & SHALE	867	878
LIME	878	880
SAND & SHALE	880	898

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

TICKET NUMBER 22479
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-24-09	1828	Beard/Skelton #26	NE 11	23	16	CF
CUSTOMER						
Colt Energy Inc.						
MAILING ADDRESS						
1112 Rhode Island Rd						
CITY	STATE	ZIP CODE				
Iola	KS	66249				

JOB TYPE <u>Plug</u>	HOLE SIZE <u>5 1/8"</u>	HOLE DEPTH <u>1000'</u>	CASING SIZE & WEIGHT <u> </u>
CASING DEPTH <u> </u>	DRILL PIPE <u>2 1/8"</u>	TUBING <u> </u>	OTHER <u> </u>
SLURRY WEIGHT <u> </u>	SLURRY VOL <u> </u>	WATER gal/sk <u> </u>	CEMENT LEFT in CASING <u>Full</u>
DISPLACEMENT <u> </u>	DISPLACEMENT PSI <u> </u>	MIX PSI <u> </u>	RATE <u>4BPM</u>

REMARKS: Plug to Abandon. Establish circulation thru drill pipe. Spot 20 SKS @ TD. Pull drill pipe to 580' Spot 20 SKS. Pull drill pipe to 250'. Fill to Surface - 45 SKS. Pull remaining drill pipe. Top off well w/ cement/sand wash out drill pipe.

95 sks Total Cement - 6% Gel - 50/50 Por mix
Kurt Finney Drilling Fuel Made
Customer supplied H₂O.

[illegible]

Ravin 3737

AUTHORIZATION

TITLE

DATE _____