

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.: _____
11/24/09 11/29/09 DRY/PLUGGED
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

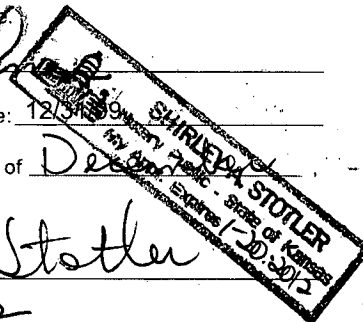
API No. 15 - 031-22,509-0000
Spot Description: _____
NE NE NE NW Sec. 33 Twp. 22 S. R. 16 East West
165 Feet from North / South Line of Section
2475 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: COFFEY
Lease Name: BEARD/SKELTON "3" Well #: 33-1
Field Name: NEOSHO FALLS - LEROY
Producing Formation: LOWER SQUIRREL
Elevation: Ground: 996 Kelly Bushing: _____
Total Depth: 1084 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: FLUID HAULED OUT-PIT 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 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: 12/3/09
Subscribed and sworn to before me this 31st day of December
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

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Operator Name: COLT ENERGY, INC Lease Name: BEARD/SKELTON "3" Well #: 33-1
 Sec. 33 Twp. 22 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	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:

(ACO) Marchant D2 (ACO) Flanders D2

Wells located in Coffey County as follows:

(ACO) Beard/Skelton"1" 28 (ACO) Beard "1" E7 (ACO) Beard/Skelton"3" 33-1
(ACO) 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

API NO.: 15 - 031 - 22509 S. 33 T. 22 R. 16 E. W.
 OPERATOR: COLT ENERGY INC LOCATION: NE NE NE NW
 ADDRESS: P.O. BOX 388 COUNTY: COFFEY
IOLA, KS 66749
 WELL #: 33-1 LEASE NAME: BEARD SKELTON # 3
 FOOTAGE LOCATION: 165 FEET FROM (N) (S) LINE 2475 FEET FROM (E) (W) LINE
 CONTRACTOR: FINNEY DRILLING COMPANY GEOLOGIST: REX ASHLOCK
 SPUD DATE: 11/24/2009 TOTAL DEPTH: 1084
 DATE COMPLETED: 11/29/2009 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	64	SERVICE COMPANY
PRODUCTION:	5 7/8	2 7/8	6.5				

WELL LOG

CORES: # 1026 - 1046

RAN: _____

RECOVERED:

ACTUAL CORING TIME:

FORMATION	TOP	BOTTOM
TOP SOIL	0	2
SAND	2	12
LIME	12	18
SAND & LIME	18	35
SHALE	35	211
LIME	211	256
SHALE	256	315
SAND & LIME	315	326
LIME	326	352
SHALE	352	359
LIME	359	361
SHALE	361	371
LIME	371	381
SHALE	381	383
LIME	383	426
SHALE	426	427
LIME	427	471
SHALE	471	484
LIME	484	488
SHALE	488	509
KC LIME	509	512
SHALE	512	528
KC LIME	528	532
SHALE	532	534
KC LIME	534	571
SHALE	571	573
KC LIME	573	585
SHALE	585	587
KC LIME	587	589
SHALE	589	593
KC LIME	593	599
SHALE	599	602
LIME	602	650
BIG SHALE	650	782
SAND SHALE & LIME	782	811
LIME	811	816
SHALE	816	822

FORMATION	TOP	BOTTOM
LIME	822	825
SHALE	825	838
LIME	838	846
SHALE	846	848
LIME	848	850
LIME & SHALE	850	853
LIME	853	857
SHALE	857	903
LIME	903	911
SHALE	911	931
LIME	931	935
SHALE	935	938
LIME	938	939
SAND & SHALE	939	948
SHALE	948	950
LIME	950	956
SAND & SHALE	956	972
LIME	972	973
SHALE	973	974
LIME	974	979
SHALE	979	985
LIME	985	988
SHALE	988	1024
CAP LIME	1024	1026
SHALE	1026	1027
LIME	1027	1028
OIL SAND	1028	1038
SHALE	1038	1084
LIME	1084	

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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 22483
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
12/1/09	1828	Beard/Skelton #3 #33-1	NW 33	22	16	CF
CUSTOMER			TRUCK #			
Colt Energy Inc.			DRIVER			
MAILING ADDRESS			TRUCK #			
1112 1112 Rhode Island Rd			DRIVER			
CITY		STATE	ZIP CODE			
Tola		KS	66749			

JOB TYPE Plug HOLE SIZE 5 7/8 HOLE DEPTH 1085 CASING SIZE & WEIGHT N/A
 CASING DEPTH _____ DRILL PIPE 2 7/8 to 1085 TUBING _____ HOLE OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING Full
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Establish circulation thru drill pipe. Mix Pump 20 SKS
Spot @ TD Pull drill pipe to 610' Mix Pump 20 SKS.
Pull drill pipe to 250' Cement to surface. Pull
remaining drill pipe - Top off Hole. 100 SKS Total
50/50 Poz Mix 6% Gel

Customer Supplied H₂O
Finney Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401N	1	PUMP CHARGE Plug to Abandon		870 ⁰⁰
5406	50 mi	MILEAGE Pump & Truck		172 ⁵⁰
5407	Minimum	Ton Mileage		296 ⁰⁹
1124	94 SKS	50/50 Poz Mix Cement		869 ⁵⁰
1118B	504#	Premium Gel		80 ⁶⁹
				5.3%
				SALES TAX
				ESTIMATED
				TOTAL

WO# 232299

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50³⁵
2338⁹⁹

Ravin 3737

AUTHORIZATION Kurt Smith

TITLE _____

DATE _____