

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 + 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.: _____
10/30/09 11/04/09 DRY/ PLUGGED
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

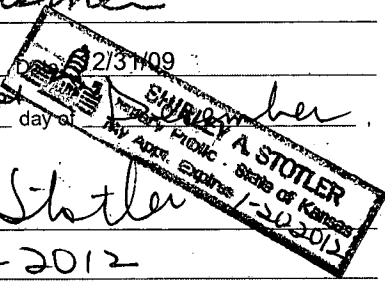
API No. 15 - 031-22,480-0000
Spot Description: _____
SW SE NE NW Sec. 1 Twp. 23 S. R. 16 East West
1155 Feet from North / South Line of Section
2145 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: COFFEY
Lease Name: BEARD # 1 Well #: E7
Field Name: NEOSHO FALLS - LEROY
Producing Formation: LOWER SQUIRREL
Elevation: Ground: 1013 Kelly Bushing: _____
Total Depth: 1016 Plug Back Total Depth: NONE
Amount of Surface Pipe Set and Cemented at: 41 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 HAS NOT BEEN CLOSED
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
Subscribed and sworn to before me this 31st day of January, 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

RECEIVED
JAN 04 2010
KCC WICHITA

Operator Name: COLT ENERGY, INC Lease Name: BEARD # 1 Well #: E7
 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 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:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum DRILLERS LOG ENCLOSED
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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	41	50/50 POZ	44	
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 <i>(Amount and Kind of Material Used)</i>	Depth
	NONE DRY/PLUGGED		
TUBING RECORD: Size: Set At: Packer At: Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No		RECEIVED JAN 04 2010 KCC WICHITA	
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 <i>(Explain)</i>	
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 <i>(Specify)</i> _____	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 ✓ Flanders D2
(ACO1)

Wells located in Coffey County as follows:

✓ Beard/Skelton"1" 28 ✓ Beard "1" E7 ✓ Beard/Skelton"3" 33-1
(ACO1) (ACO1) (ACO1)

✓ Beard/Skelton"1" 26
(ACO1)

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.

RECEIVED

JAN 04 2010

KCC WICHITA

