

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.: _____
8/11/09 8/15/09 NOT COMPLETED
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 031-22,431 - 0000
Spot Description: _____
NW_NW_SW_NW Sec. 1 Twp. 23 S. R. 16 East West
1485 Feet from North / South Line of Section
165 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 #: D1-1
Field Name: LEROY
Producing Formation: LOWER SQUIRREL
Elevation: Ground: 1007 Kelly Bushing: _____
Total Depth: 1015 Plug Back Total Depth: 1009.45
Amount of Surface Pipe Set and Cemented at: 40 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1015
feet depth to: SURFACE w/ 141

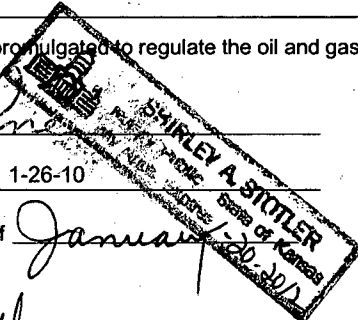
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: PIT HAS NOT BEEN FILLED
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

ATZ-Dg-375/10 ^{sx crpt.}

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: 1-26-10
Subscribed and sworn to before me this 26th day of January
20 10
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
KANSAS CORPORATION COMMISSION
FEB 01 2010
CONSERVATION DIVISION
WICHITA, KS

Operator Name: COLT ENERGY, INC Lease Name: BEARD "1" Well #: D1-I
 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: GAMMA RAY/NEUTRON/CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum DRILLERS LOG ENCLOSED
--	--

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	7	19	40	50/50	35	
PRODUCTION	5 5/8	2 7/8	6.5	1009.45	50/50	141	

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
	NOT COMPLETED		
		RECEIVED KANSAS CORPORATION COMMISSION FEB 01 2010 CONSERVATION DIVISION WICHITA, KS	

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. NOT COMPLETED		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: _____ _____
---	--	--



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 20161

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
8/14/09	1828	Beard 1 #48	NW 1	23	16	CF
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address			506	Fred		
CITY			368	Ken		
STATE			503	Arlen		
ZIP CODE						

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 1015' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 1010 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.9 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation. Mix + Pump 100# Premium Gel
Flush. Mix + Pump 144 SKS 50/50 Por Mix Cement
2% Gel 1/4# Phenoseal per sack. Cement to surface
Flush pump + lines clean. Displace 2 1/2" Rubber plug
to casing TD w/5.9 BBLs Fresh water. Pressure to
800# PSI. Release pressure to set Float Valve. Shut in
Casing
Customer Supplied H2O.
Finney Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump		870 ⁰⁰
5406	50 mi	MILEAGE Pump Truck		172 ⁵⁰
5402	1010'	Casing footage		N/C
5407	302.4 T/M	Ton Mileage		350 ⁷⁸
1124	141 SKS	50/50 Por Mix Cement		1304 ²⁵
1118B	342#	Premium Gel		577 ⁷⁸
1107A	36#	Pheno Seal		38 ⁸⁸
4402	1	2 1/2" Rubber Plug		22 ⁰⁰
				RECEIVED KANSAS CORPORATION COMMISSION FEB 11 2010 CONSERVATION DIVISION WICHITA, KS
				W0#230895
				5.3%
SALES TAX				75 ²⁶
ESTIMATED TOTAL				2888.31

Ravin 3737

AUTHORIZATION Gary Baker

TITLE _____

DATE _____

