

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: REX ASHLOCK
Purchaser: COFFEYVILLE RESOURCES
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.: _____
12/15/09 12/21/09 DRY/PLUGGED
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

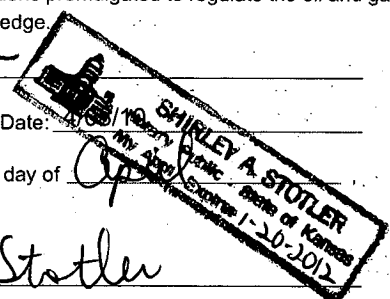
API No. 15 - 125-31,912-00-00
Spot Description: SW/4
SE SW NW SW Sec. 34 Twp. 31 S. R. 17 East West
1485 Feet from North / South Line of Section
605 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: MONTGOMERY
Lease Name: HILLIE Well #: D2
Field Name: COFFEYVILLE-CHERRYVALE
Producing Formation: BARTLESVILLE
Elevation: Ground: 814 Kelly Bushing: _____
Total Depth: 1024 Plug Back Total Depth: NONE DRY
Amount of Surface Pipe Set and Cemented at: 21.35 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 R+A Alt II NR
(Data must be collected from the Reserve Pit) 4-13-10
Chloride content: 1000 ppm Fluid volume: _____ bbls
Dewatering method used: PUMP PIT OUT PUSH PIT IN
Location of fluid disposal if hauled offsite: _____
Operator Name: COLT ENERGY, INC
Lease Name: KING 5-12SWD License No.: 5150
Quarter NW Sec. 12 Twp. 32 S. R. 17 East West
County: LABETTE Docket No.: D-30,480

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: _____
Subscribed and sworn to before me this 8th day of April
20 10
Notary Public: Shirley B 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
RECEIVED
UIC Distribution
APR 12 2010

KCC WICHITA

Operator Name: COLT ENERGY, INC Lease Name: HILLIE Well #: D2
 Sec. 34 Twp. 31 S. R. 17 East West County: MONTGOMERY

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 ATTACHED

List All E. Logs Run:

**HIGH RESOLUTION COMPENSATED DENSITY
 NEUTON LOG, DUAL INDUCTION 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#	21.35	PORTLAND	10	
NONE DRY							

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.		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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W & W Production Company

Invoice

1150 Highway 39
Chanute, Kansas 66720-5215
Mobile: 620-431-5970
Phone: Office/Home 620-431-4137

DATE	INVOICE NO.
12/29/2009	44727

BILL TO
Colt Energy C/O Rex Ashlock PO Box 388 1112 Rhode Island Rd. Iola, Kansas 66749

Plug Well # D2 Hilly Hilly Lease Montgomery County, Kansas
<i>Hillie D2</i>

327000267

SERVICED	ITEM	DESCRIPTION	QTY	RATE	AMOUNT
12/21/2009	Pump Truck	Pump Charge	1	400.00	400.00T
	Cement	For plugging	98	8.00	784.00T
	Gel	3 sacks of gel	3	15.00	45.00T
				Sales Tax (5.3%)	\$65.14
				Total	\$1,294.14

Fax #	Fed. I.D. 48-0843238
620-431-3183	carolwimsett4@yahoo.com

RECEIVED
APR 2 2010
KCC WICHITA

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

April 8, 2010

ATTN: Sammy Flanharty
KCC Conservation Office
130 S. Market, Room 2078
Wichita, Kansas 67202-1286

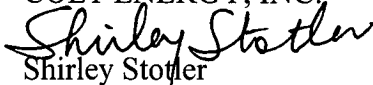
Dear Sammy:

Enclosed please find copies of Well Completion Form ACO-1 forms CDP4 & CDP5 and Well Plugging Record CP4 and all supporting data required for Hillie D2 located 34-31-17 in Montgomery County, Kansas.

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

Sincerely,

COLT ENERGY, INC.



Shirley Stotler
Production Clerk

ss

Encl.

RECEIVED

APR 12 2010

KCC WICHITA