

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM ORIGINAL
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
October 2008
Form Must Be Typed

OPERATOR: License # 5150
 Name: COLT ENERGY, INC
 Address 1: PO BOX 388
 Address 2: 1112 RHODE ISLAND RD
 City: IOLA State: KS Zip: 66749 + 0 3 8 8
 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.: _____

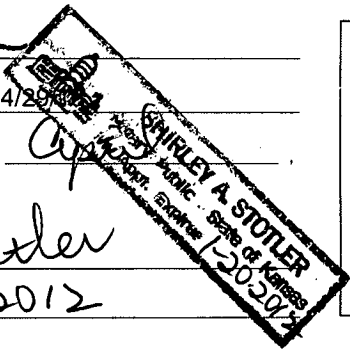
<u>2/10/10</u>	<u>2/15/10</u>	<u>DRY/PLUGGED</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 205-27,828 -0000
 Spot Description: NE/4
SE SE SE NE Sec. 27 Twp. 30 S. R. 16 East West
2466 Feet from North / South Line of Section
166 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: WILSON
 Lease Name: WEST Well #: A8
 Field Name: NEODESHA
 Producing Formation: BARTLESVILLE
 Elevation: Ground: 816 Kelly Bushing: _____
 Total Depth: 897 Plug Back Total Depth: NONE DRY
 Amount of Surface Pipe Set and Cemented at: 22.10 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) 5-7-10
 Chloride content: _____ ppm Fluid volume: _____ bbls
 Dewatering method used: PIT NOT CLOSED AT THIS TIME
 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: 4/20/10
 Subscribed and sworn to before me this 29th day of April, 2010.
 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
MAY 03 2010

KCC WICHITA

Operator Name: COLT ENERGY, INC Lease Name: WEST Well #: A8
 Sec. 27 Twp. 30 S. R. 16 East West County: WILSON

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: HIGH RESOLUTION COMPENSATED DENSITY NEUTON LOG, DUAL INDUCTION LOG	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum DRILLERS LOG ATTACHED
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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#	22.10	PORTLAND	10SXS	
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 <i>(Amount and Kind of Material Used)</i>	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 <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: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 23970
LOCATION EUREKA
FOREMAN Rick Ledford

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		
2-11-10	1828	West A-8				Wilson		
CUSTOMER <u>Calt Energy</u>		MAILING ADDRESS <u>P.O. Box 388</u>	Finner 0216					
CITY <u>Tals</u>			STATE <u>KS</u>	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
					<u>463</u>	<u>Shannon</u>		
					<u>479</u>	<u>John</u>		

JOB TYPE P.T.A HOLE SIZE 5 1/2" HOLE DEPTH 892' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 2 7/8" TUBING _____ OTHER _____
 SLURRY WEIGHT 14 SLURRY VOL _____ WATER gal/sk 7.0 CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up to 2 7/8" drill pipe Plugging orders as follows:
10 SKS @ 892'
10 SKS @ 500'
80 SKS @ 250' to surface
100 SKS total

" Thank You "

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54057	1	PUMP CHARGE	900.00	900.00
5406	40	MILEAGE	3.55	142.00
1131	100 SKS	100/40 Pozmix cement	11.00	1100.00
1118A	345 #	470 gal	.17	58.65
5407		tax mileage bulk tre	m/c	305.00
			subtotal	2505.65
			SALES TAX	61.41
			ESTIMATED TOTAL	2567.06

RECEIVED
MAY 03 2010
KCC WICHITA

Ravin 3737

233014

SCANNED
2/19/10

AUTHORIZATION authorized by Glen

TITLE Co. lp

DATE _____