

Amended

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 # 33606
 Name: THORNTON AIR ROTARY, LLC
 Wellsite Geologist: JIM STEGEMAN
 Purchaser: ONE OK
 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>11/10/2009</u>	<u>11/11/2009</u>	<u>02/22/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 099-24573-00-00
 Spot Description: _____
NW SE SE SE Sec. 11 Twp. 33 S. R. 17 East West
480 Feet from North / South Line of Section
400 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: LABETTE
 Lease Name: ZIMMERMAN Well #: 16-11
 Field Name: CHEROKEE BASIN COAL AREA
 Producing Formation: PENNSYLVANIAN COALS
 Elevation: Ground: 823 Kelly Bushing: ---
 Total Depth: 1039 Plug Back Total Depth: 1029.45
 Amount of Surface Pipe Set and Cemented at: 20.6 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: 1039
 feet depth to: SURFACE w/ 130 ^{sx cmt}

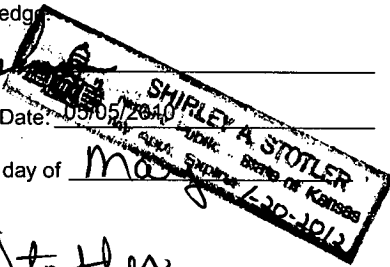
ALPZ-DG-5/7/10

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content: 1000 ppm Fluid volume: 200 bbls
 Dewatering method used: PUMPED PIT OUT - PUSHED PIT IN
 Location of fluid disposal if hauled offsite:
 Operator Name: COLT ENERGY, INC
 Lease Name: WEBB License No.: 5150
 Quarter SE/4 Sec. 30 Twp. 33 S. R. 17 East West
 County: MONTGOMERY Docket No.: D30074

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: 05/05/2010
 Subscribed and sworn to before me this 5th day of May
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
 MAY 07 2010
 CONSERVATION DIVISION
 WICHITA, KS

Operator Name: COLT ENERGY, INC Lease Name: ZIMMERMAN Well #: 16-11
 Sec. 11 Twp. 33 S. R. 17 East West County: LABETTE

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 LOG DUAL INDUCTION LOG HIGH RESOLUTION COMPENSATED DENISTY LOG	<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 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	8 5/8	26	20.6	PORTLAND	4	
PRODUCTION	7 7/8	5 1/2	14	1029.45	THICK SET	130	

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
4	460-462, 490-494	250GAL 30% HCL 3300# 20/40 BRADY SAND	460-494
4	522-525, 552-556, 567-569	250GAL 30% HCL 6500# 20/40 BRADY SAND	522-569
4	914-916	200GAL 30% HCL 1800# 20/40 BRADY SAND	914-916

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or Enhr. 04/19/2010 Producing Method: Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		14	6		

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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