

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 # 33072

Name: WELL REFINED DRILLING., CO.

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.: _____

6/30/09 7/1/09 12/31/2009

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - ~~25-099-24,475~~ ²⁴⁵⁵⁵⁻⁰⁰⁰⁰

Spot Description: _____

SE NW SW NE Sec. 24 Twp. 31 S. R. 17 East West

1950 Feet from North / South Line of Section

2000 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: LABETTE

Lease Name: WINKLER Well #: 7-24

Field Name: CHEROKEE COAL BASIN AREA

Producing Formation: PENNSYLVANIAN COALS

Elevation: Ground: 874 Kelly Bushing: ----

Total Depth: 1055 Plug Back Total Depth: 1049.50

Amount of Surface Pipe Set and Cemented at: 20.2 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 1055

feet depth to: SURFACE w/ 135 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: 1000 ppm Fluid volume: 120 bbls

Dewatering method used: PUMPED PIT OUT-PUSHED IN

Location of fluid disposal if hauled offsite: _____

Operator Name: COLT ENERGY, INC

Lease Name: FOSTER 1-36 SWD License No.: 5150

Quarter NE/4 Sec. 36 Twp. 31 S. R. 17 East West

County: LABETTE Docket No.: D-28,692

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: Mad/Boh

Title: PRODUCTION CLERK Date: 09/03/2010

Subscribed and sworn to before me this 34 day of September 2010.

Notary Public: Shirley A Stotler

Date Commission Expires: 1-20-2012

SHIRLEY A. STOTLER
Notary Public - State of Kansas
My Exp. Expires 1-20-2012

KCC Office Use ONLY

N Letter of Confidentiality Received
If Denied, Yes Date: _____

_____ Wireline Log Received

_____ Geologist Report Received **RECEIVED**

_____ UIC Distribution

AM-Dlg - 9/14/10 **SEP 09 2010**

KCC WICHITA

Operator Name: COLT ENERGY, INC Lease Name: WINKLER Well #: 7-24
 Sec. 24 Twp. 31 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 <div style="text-align: right; font-weight: bold; font-size: 1.2em;"> RECEIVED SEP 09 2010 KCC WICHITA </div> |
|--|--|

| 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 | 20.2 | PORTLAND | 5 | |
| PRODUCTION | 7 7/8 | 5 1/2 | 14 | 1049.50 | THICK SET | 135 | |
| | | | | | | | |

| 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 |
|----------------|---|--|---------|
| 4 | 544-549, 580-582, 604-607 | 250GAL 30% HCL 9000# 20/40 BRADY SAND | 544-607 |
| 4 | 644-647, 717-720, 725-727 | 250GAL 30% HCL 9000# 20/40 BRADY SAND | 644-727 |
| 4 | 889-891, 896-898, 952-954 | 150GAL 30% HCL 8000# 20/40 BRADY SAND | 889-954 |
| | | | |

| | | | |
|---|-----------|---|-------------|
| 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. 01/14/2010 | | Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) | |
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. |
| | | 24 | 53 |

| | | |
|--|---|--|
| 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: _____ _____ |
|--|---|--|