

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**

**AMENDED**

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

**RECEIVED**

**SEP 22 2010**

**KCC WICHITA**

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SLOW  
 Gas  ENHR  SIGW  
 CM (Coal Bed Methane)  Temp. Abd.  
 Dry  Other \_\_\_\_\_  
(Core, WSW, Expl., Cathodic, etc.)

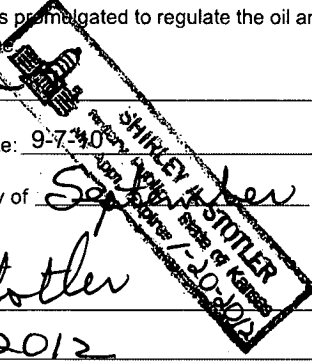
If Workover/Re-entry: Old Well Info as follows:  
Operator: \_\_\_\_\_  
Well Name: \_\_\_\_\_  
Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_  
 Deepening  Re-perf.  Conv. to Enhr.  Conv. to SWD  
 Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled Docket No.: \_\_\_\_\_  
 Dual Completion Docket No.: \_\_\_\_\_  
 Other (SWD or Enhr.?) Docket No.: \_\_\_\_\_  
~~8/18/09~~ 6/19/07 ~~8/21/09~~ 6/21/07 8/5/10  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 031-22,313-0000  
Spot Description: \_\_\_\_\_  
SE SE NE NE Sec. 11 Twp. 23 S. R. 16  East  West  
4125 Feet from  North /  South Line of Section  
50 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: COFFEY  
Lease Name: BEARD/SKELTON "1" Well #: 13-1  
Field Name: NEOSHO FALLS-LEROY  
Producing Formation: SQUIRREL  
Elevation: Ground: 984 Kelly Bushing: ----  
Total Depth: 1020 Plug Back Total Depth: 1007.98  
Amount of Surface Pipe Set and Cemented at: 40.7 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 1020  
feet depth to: SURFACE w/ 150 sx cmt.

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)  
Chloride content: 1000 ppm Fluid volume: 80 bbls  
Dewatering method used: PIT PUMPED OUT PUSHED IN  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: COLT ENERGY, INC  
Lease Name: MURRAY License No.: 5150  
Quarter SE Sec. 2 Twp. 23 S. R. 16  East  West  
County: COFFEY Docket No.: D-28,297

**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: 9-7-10  
Subscribed and sworn to before me this 17th day of Sept,  
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  
Att 2 - Dlg - 9/27/10

Operator Name: COLT ENERGY, INC Lease Name: BEARD/SKELTON "1" Well #: 13-1  
 Sec. 11 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: <b>GAMMA RAY/NEUTRON/CCL</b>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum <b>DRILLERS LOG ENCLOSED</b>  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">                     RECEIVED                      SEP 22 2010                      KCC WICHITA                 </div>
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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	7	19	40.7	THICK SET CEMENT	39	
PRODUCTION	5 5/8	2 7/8	6.5	1007.98	50/50POZO	150	

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
13	958-964	50 GAL 28%HCL	958-964
		200# 20/40 SAND	
		800# 12/20 SAND	

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. <b>PENDING PERMIT APPROVAL</b>		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i>		
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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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