

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

AMENDED

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: JIM STEGEMAN
Purchaser: COFFEYVILLE RESOURCES, LLC

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.: _____

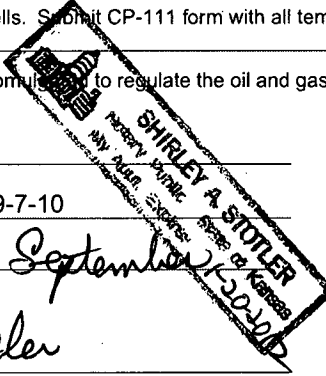
~~8/18/09~~ 10/2/07 ~~8/24/09~~ 10/5/07 8/5/10
Spud Date or Date Reached TD Completion Date or Recompletion Date
per oper - KCC - sig

API No. 15 - 031-22,309-0000
Spot Description: _____
NE SE NW NE Sec. 11 Twp. 23 S. R. 16 East West
4565 Feet from North / South Line of Section
1550 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 #: 10-1
Field Name: NEOSHO FALLS-LEROY
Producing Formation: SQUIRREL
Elevation: Ground: 984 Kelly Bushing: ----
Total Depth: 1021 Plug Back Total Depth: 1006.40
Amount of Surface Pipe Set and Cemented at: 43.50 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1021
feet depth to: SURFACE w/ 149 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 September
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
Alt 2 - Dlg - 9/27/10

Operator Name: COLT ENERGY, INC Lease Name: BEARD/SKELTON "1" Well #: 10-1
 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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:

GAMMA RAY/NEUTRON/CCL

Log Formation (Top), Depth and Datum Sample

Name Top Datum
DRILLERS LOG ENCLOSED

RECEIVED
SEP 22 2010
KCC WICHITA

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	43.50	THICK SET CEMENT	34	
PRODUCTION	5 5/8	2 7/8	6.5	1006.40	50/50POZO	149	

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
13	962-968	50 GAL 28%HCL	952-968
		200# 20/40 SAND	
		800# 12/20 SAND	

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

Date of First, Resumed Production, SWD or Enhr. **PENDING PERMIT APPROVAL**
 Producing Method: Flowing Pumping Gas Lift 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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SCANNED

CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 15699
 LOCATION Ottawa KS
 FOREMAN Fred Mader

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/2/07	1828	Beard #10-T	11	23	16	EF
CUSTOMER		Beard/Skelton #11				
MAILING ADDRESS		Calt Energy Inc				
CITY		STATE	ZIP CODE			
Iola		KS	66749			
TRUCK #		DRIVER	TRUCK #		DRIVER	
506		Fred				
164		Rick				
170237		Richard				

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH _____ CASING SIZE & WEIGHT 7"
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 1 3/4 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 48 PM

REMARKS: Establish Circulation. Mix Pump 35 sks Type A
Cement w/ 2% Calcium Chloride. Displace Casing
clean of cement w/ 1 3/4 BBL Fresh Water.

RECEIVED

SEP 22 2010

Customer Supplied Water
Kurt Finny Drilling.

KCC WICHITA

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1 surface	PUMP CHARGE Cement Pump	164	650 ⁰⁰
5406	50 mi	MILEAGE Pump Truck	164	165 ⁰⁰
5407	Minimum	Tax Mileage.	237	285 ⁰⁰
11045	34 sks	Class A Portland Cement		414 ⁸⁰
1118B	66 #	Premium Gel		9 ⁹⁰
1102	66 #	Calcium Chloride		44 ³²
		Sub Total		1568 ⁸²
		Tax @ 5.3%		24.84
		SALES TAX		
		ESTIMATED TOTAL		1593.76

AUTHORIZATION

Greg Lash

TITLE

Well 217066

DATE