

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 7/16/07 8/24/09 7/20/07 8/5/10
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date
per oper - kcc sig

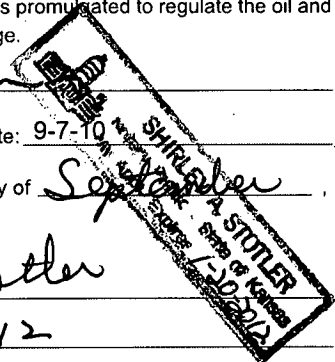
API No. 15 - 031-22,307-0000
Spot Description: _____
NW SW NE NE Sec. 11 Twp. 23 S. R. 16 East West
4565 Feet from North / South Line of Section
620 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: COFFEY
Lease Name: BEARD/SKELTON "1" Well #: 8-1
Field Name: NEOSHO FALLS-LEROY
Producing Formation: SQUIRREL
Elevation: Ground: 985 Kelly Bushing: ----
Total Depth: 1020 Plug Back Total Depth: 1007.20
Amount of Surface Pipe Set and Cemented at: 41.90 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/ 147 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: 1-20-12



KCC Office Use ONLY
N Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
Alt-2 - Dig - 9/27/10

Operator Name: COLT ENERGY, INC Lease Name: BEARD/SKELTON "1" Well #: 8-1
 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: GAMMA RAY/NEUTRON/CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum DRILLERS LOG ENCLOSED <div style="text-align: center; font-size: 1.5em; font-weight: bold;"> 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	41.90	THICK SET CEMENT	44	
PRODUCTION	5 5/8	2 7/8	6.5	1007.20	50/50POZO	147	

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
19	956-965	50 GAL 28%HCL	956-965
		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
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Date of First, Resumed Production, SWD or Enhr. PENDING PERMIT APPROVAL	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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RECEIVED

SEP 22 2010

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

KCC WICHITA

TICKET NUMBER 15528
LOCATION Ottawa
FOREMAN Alan Mader

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-16-07	1828	Beard #8-I Stellar #10	11	23	16	CT

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Colt	516	Alan M		
	164	Rick A		
	369	Leary A		
	523	Ken H		

MAILING ADDRESS	CITY	STATE	ZIP CODE
P.O. Box 388	Fola	KS	

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 42' CASING SIZE & WEIGHT 7"
 CASING DEPTH 42' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 1 3/4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Established rate. Mixed & pumped 45 oz 5200
po2, 2% gel, 1/4# floiscol with calcium water. Circulated
cement to surface. Displaced casing with 194 bbl
clean water. Closed valve.

Water truck filled drill pits also.

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	164	650.00
5406	1	MILEAGE	164	-
5407A		ten miles	523	103.90
5402	42'	Casing footage	164	1116
5502C	2 1/2	80 vac	369	225.00
1102	57#	calcium		33.50
1107	11#	floiscol		20.90
1108B	90#	gel		13.50
1124	44.9x	5000 po2		389.46
				<u>1436.25</u>
			5.5%	24.25
			SALES TAX	
			ESTIMATED	
			TOTAL	<u>1460.50</u>

AUTHORIZATION Harry Decker

TITLE Wot 214773

DATE _____