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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

RECEIVED
SEP 09 2010

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

KCC WICHITA

ORIGINAL

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.: _____

11/27/2009 11/30/2009 05/05/2010

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

API No. 15 - 125-31893-00-00

Spot Description: _____

NW SW SE SW Sec. 31 Twp. 33 S. R. 17 East West

400 Feet from North / South Line of Section

1330 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: MONTGOMERY

Lease Name: O'BRIEN FARMS Well #: 13-31

Field Name: CHEROKEE BASIN COAL AREA

Producing Formation: PENNSYLVANIAN COALS

Elevation: Ground: 734 Kelly Bushing: ----

Total Depth: 1064 Plug Back Total Depth: 1052.95

Amount of Surface Pipe Set and Cemented at: 40.9 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 1064

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: 60 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: Mandy Balle

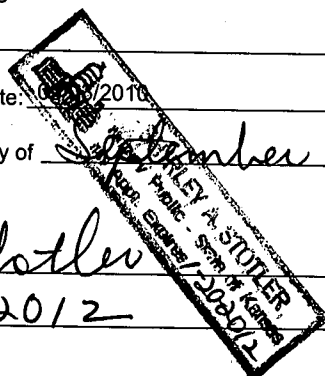
Title: PRODUCTION CLERK Date: 09/14/2010

Subscribed and sworn to before me this 3rd day of September

20 10

Notary Public: Shirley R. 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
AM-Dg - 9/14/10

Operator Name: COLT ENERGY, INC Lease Name: O'BRIEN FARMS Well #: 13-31
 Sec. 31 Twp. 33 S. R. 17 East West County: MONTGOMERY

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-size: 1.2em;"> RECEIVED SEP 09 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	8 5/8	26	40.9	CLASS "A"	40	
PRODUCTION	7 7/8	5 1/2	14	1052.95	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 (Amount and Kind of Material Used)	Depth
4	450-453, 485-488	250GAL 30% HCL 4400# 20/40 BRADY SAND	450-488
4	518-520, 522-524, 536-539, 584-586	200GAL 30% HCL 6000# 20/40 BRADY SAND	518-586
4	944-948	100GAL 30% HCL 6000# 20/40 BRADY SAND	944-948

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

Date of First, Resumed Production, SWD or Enhr. 07/15/2010 Producing Method: Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours: Oil Bbls. _____ Gas Mcf 17 Water Bbls. 24 Gas-Oil Ratio _____ Gravity _____

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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