

Amended

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
October 2008
Form Must Be Typed

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 # 33072

Name: WELL REFINED DRILLING COMPANY, INC.

Wellsite Geologist: JIM STEGEMAN

Purchaser: ONE OK

Designate Type of Completion:

- Checkmarks for New Well, Gas, and other completion types. Includes options for Oil, SWD, SIOW, ENHR, SIGW, CM, Temp. Abd., Dry, and Other.

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.:

10/23/2009 10/27/2009 05/03/2010

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 125-31906-00-00

Spot Description:

NW NE SW SE Sec. 29 Twp. 32 S. R. 17 East West

1090 Feet from North / South Line of Section

1760 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- Checkmarks for NE, NW, SE, SW

County: MONTGOMERY

Lease Name: CLUBINE Well #: 16-29

Field Name: CHEROKEE BASIN COAL AREA

Producing Formation: PENNSYLVIAN COALS

Elevation: Ground: 886 Kelly Bushing: ----

Total Depth: 1170 Plug Back Total Depth: 1159.75

Amount of Surface Pipe Set and Cemented at: 20 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: Feet

If Alternate II completion, cement circulated from: 1170

feet depth to: SURFACE w/ 145 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1000 ppm Fluid volume: 220 bbls

Dewatering method used: PUMPED PIT OUT - PUSHED IN

Location of fluid disposal if hauled offsite:

Operator Name: COLT ENERGY, INC

Lease Name: K & L KING License No.: 5150

Quarter NW NE SW SE Sec. 12 Twp. 32 S. R. 17 East West

County: LABETTE Docket No.: D30480

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.

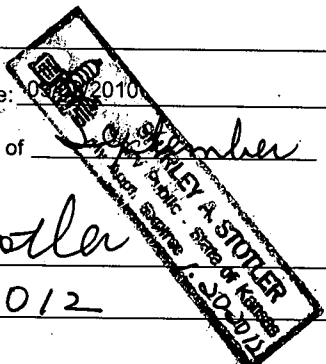
Signature: [Handwritten Signature]

Title: PRODUCTION CLERK Date: 09/14/2010

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

2010 Notary Public: Shirley C. Stoller

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
RECEIVED
9/14/10 SEP 09 2010

KCC WICHITA

Operator Name: COLT ENERGY, INC Lease Name: CLUBINE Well #: 16-29  
 Sec. 29 Twp. 32 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
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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	20	PORTLAND	5	
PRODUCTION	7 7/8	5 1/2	14	1159.75	THICK SET	145	

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	585-588, 610-614	250GAL 30% HCL 10000# 20/40 BRADY SAND	585-614
4	826-831, 872-874	250GAL 30% HCL 10000# 20/40 BRADY SAND	826-874
4	1057-1060	250GAL 30% HCL 5000# 20/40 BRADY SAND	1057-1060
4	973-976	250GAL 30% HCL 900# 20/40 BRADY SAND	973-976

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. 05/27/2010		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.
		1	83
		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: <b>RECEIVED</b> <b>SEP 09 2010</b>
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