

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: MANDY BOEKEN
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.: _____
01/21/2010 01/26/2010 04/30/2010
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 205-27798-00-00
Spot Description: _____
SE SE SE SE Sec. 27 Twp. 30 S. R. 16 East West
170 Feet from North / South Line of Section
170 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: WILSON
Lease Name: HARE Well #: A13
Field Name: NEODESHA
Producing Formation: BARTLESVILLE
Elevation: Ground: 810 Kelly Bushing: ---
Total Depth: 870 Plug Back Total Depth: 827.6
Amount of Surface Pipe Set and Cemented at: 23.8 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 890 870
feet depth to: SURFACE w/ 80 sx cmt.

Drilling Fluid Management Plan

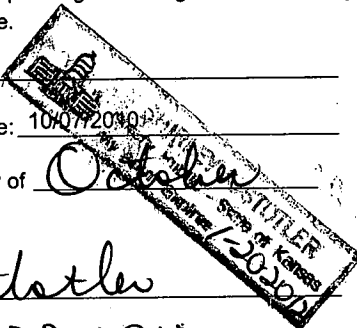
(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: NO FLUID
Location of fluid disposal if hauled offsite: _____
Operator Name: COLT ENERGY, INC
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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 Boeken
Title: PRODUCTION CLERK Date: 10/07/2010
Subscribed and sworn to before me this 7th day of October
20 10
Notary Public: Shirley A. Statler
Date Commission Expires: 1-20-2012



KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____ RECEIVED
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
Alt 2 - Dlg - 10/21/10 KCC WICHITA
OCT 12 2010

Operator Name: COLT ENERGY, INC Lease Name: HARE Well #: A13
 Sec. 27 Twp. 30 S. R. 16 East West County: WILSON

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: HIGH RESOLUTION COMPENSATED DENSITY/NEUTRON LOG GAMMA RAY/NEUTRON/CCL DUAL INDUCTION LL3/GR LOG	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum DRILLERS LOG ATTACHED
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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	23.8	PORTLAND	8	
PRODUCTION	5 7/8	2 7/8	6.5	827.6	THICK SET	80	

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
2	723-728, 750-752, 754 758	50GAL 15% HCL 500# 20/40 BRADY SAND	723-
		3500# 12/20 BRADY SAND	758

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	KCC WICHITA
Date of First, Resumed Production, SWD or Enhr. 05/07/2010	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. .42	Gas Mcf _____	Water Bbls. .84 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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