

\*Amended

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1  
October 2008  
Form Must Be Typed

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.)*

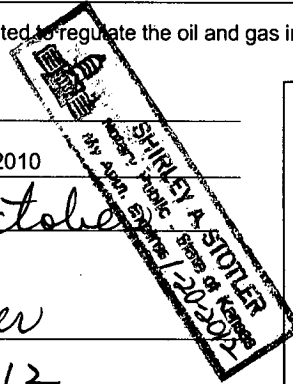
If Workover/Re-entry: Old Well Info as follows:  
Operator: \_\_\_\_\_  
Well Name: \_\_\_\_\_  
Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_  
 Deepening  Re-perf.  Conv. to Enhr.  Conv. to SWD  
 Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled Docket No.: \_\_\_\_\_  
 Dual Completion Docket No.: \_\_\_\_\_  
 Other (SWD or Enhr.?) Docket No.: \_\_\_\_\_  
10/02/2009 10/06/2009 04/15/2010  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 031-22475-00-00  
Spot Description: \_\_\_\_\_  
NE SE NW NW Sec. 1 Twp. 23 S. R. 16  East  West  
825 Feet from  North /  South Line of Section  
1150 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: COFFEY  
Lease Name: BEARD #1 Well #: F4  
Field Name: NEOSHO FALLS-LEROY  
Producing Formation: LOWER SQUIRREL SANDSTONE  
Elevation: Ground: 1018 Kelly Bushing: ----  
Total Depth: 1015 Plug Back Total Depth: 1004.20  
Amount of Surface Pipe Set and Cemented at: 41.1 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 1015  
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: 100 bbls  
Dewatering method used: PUMPED PIT OUT - PUSHED IN  
Location of fluid disposal if hauled offsite:  
Operator Name: COLT ENERGY, INC  
Lease Name: MURRAY WDW1 License No.: 5150  
Quarter SE/4 Sec. 2 Twp. 23 S. R. 16  East  West  
County: COFFEY Docket No.: D28297

**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: 10/18/2010  
Subscribed and sworn to before me this 19th day of October  
2010  
Notary Public: Shirley A Stotler  
Date Commission Expires: 1-20-2012



**KCC Office Use ONLY**  
 Letter of Confidentiality Received  
 If Denied, Yes  No Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
**RECEIVED**  
**OCT 25 2010**  
AM-Dlg - 11/12/10  
**KCC WICHITA**

Operator Name: COLT ENERGY, INC Lease Name: BEARD #1 Well #: F4  
 Sec. 1 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: <b>GAMMA RAY/NEUTRON/CCL</b>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <b>DRILLERS LOG ENCLOSED</b>
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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	41.10	50/50	49	
PRODUCTION	5 7/8	2 7/8	6.5	1004.20	50/50	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 <i>(Amount and Kind of Material Used)</i>	
			Depth
2	975-984	50 GAL 15% HCL 500# 20/40 BRADY SAND	975-
		3500# BRADY SAND	984

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. 05/07/2010		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. 9	Gas Mcf	Water Bbls. 2
			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 RECEIVED <b>OCT 25 2010</b>
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