

\*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., Catholic, 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.: \_\_\_\_\_  
10/16/2009 10/20/2009 04/28/2010  
Spud Date or Date Reached TD Completion Date or Recompletion Date

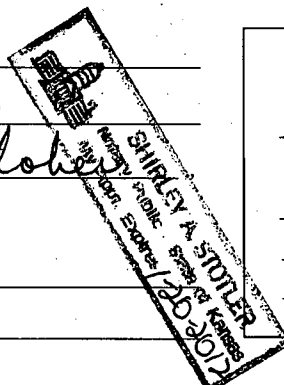
API No. 15 - 031-22483-00-00  
Spot Description: \_\_\_\_\_  
NE NW NE NW Sec. 1 Twp. 23 S. R. 16  East  West  
165 Feet from  North /  South Line of Section  
1815 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: COFFEY  
Lease Name: BEARD #1 Well #: H6  
Field Name: NEOSHO FALLS-LEROY  
Producing Formation: LOWER SQUIRREL SANDSTONE  
Elevation: Ground: 1018 Kelly Bushing: ----  
Total Depth: 1017 Plug Back Total Depth: 999.15  
Amount of Surface Pipe Set and Cemented at: 41 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 1017  
feet depth to: SURFACE w/ 152 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: 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  
20 10.  
Notary Public: Shirley A Stotler  
Date Commission Expires: 1-20-2012



KCC Office Use ONLY  
 Letter of Confidentiality Received  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received **RECEIVED**  
 Geologist Report Received **OCT 25 2010**  
 UIC Distribution  
AM-Dlg 11/2/10 KCC WICHITA

Operator Name: COLT ENERGY, INC Lease Name: BEARD #1 Well #: H6  
 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <b>DRILLERS LOG ENCLOSED</b>
Samples Sent to Geological Survey Cores Taken Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
List All E. Logs Run: <b>GAMMA RAY/NEUTRON/CCL</b>	

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	50/50	44	
PRODUCTION	5 7/8	2 7/8	6.5	999.15	50/50	152	

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	972-974, 976-979	50 GAL 15% HCL500# BRADY SAND	972-
		3500# BRADY SAND	979

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. 05/08/2010		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 Bbbls. 3	Gas Mcf	Water Bbbls. 1
			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>OCT 25 2010</b>
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