

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: DENNIS KERSHNER
Phone: (620) 365-3111
CONTRACTOR: License # 5989
Name: FINNEY DRILLING COMPANY
Wellsite Geologist: REX ASHLOCK
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.: _____
11/23/2010 11/29/2010 2/3/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 031-22,750 -2000
Spot Description: _____
NW NE NE NW Sec. 1 Twp. 23 S. R. 16 East West
157 Feet from North / South Line of Section
2120 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 #: H7-1
Field Name: NEOSHO FALLS - LEROY
Producing Formation: LOWER SQUIRREL SANDSTONE
Elevation: Ground: 1018 Kelly Bushing: ----
Total Depth: 1056 Plug Back Total Depth: 1043.5
Amount of Surface Pipe Set and Cemented at: 40.6 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1056
feet depth to: SURFACE w/ 120 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: PIT NOT FILLED AT THIS TIME
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
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: Dennis Kershner
Title: OFFICE MANAGER Date: 4-19-11
Subscribed and sworn to before me this 19th day of April
20 11
Notary Public: Shirley A Stotler
Date Commission Expires: 1-20-2012

SHIRLEY A. STOTLER
Notary Public - State of Kansas
My App. Expires 1-20-2012

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
Alt 2 - Dg - 5/17/11

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APR 25 2011
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Operator Name: COLT ENERGY, INC Lease Name: BEARD "1" Well #: H7-1
 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: GAMMA RAY/NEUTRON/CCL	<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"	24	40.6	OWC	30	
LONG STRING	6.75	4 1/2"	10.5	1043.5	OWC	120	
INJECTION		2 3/8" 8RD EUE FIBERGLAS		970			

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	974-980	50 GAL 28% HCL	974-980
		300# 20/40 SAND	
		700# 10/20 SAND	

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. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input 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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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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APR 25 2011
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 27261
LOCATION Ottawa
FOREMAN Alan Madar

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-23-10	1828	Beard 1 #7-I	NW 1	23	16	CR
CUSTOMER <u>Golt Energy</u>			TRUCK #			
MAILING ADDRESS <u>P.O. Box 388</u>			DRIVER			
CITY <u>Iola</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66749</u>			TRUCK #			
			DRIVER			

JOB TYPE SMF HOLE SIZE 12 1/4 HOLE DEPTH 41 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 41 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 2.5 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: Held crew meetings. Established rate. Mixed & pumped 30sx OWC. Circulated cement. Displaced casing with clean water.

Finney Drilling

A. Madar

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
540L3	1	PUMP CHARGE		725.00
5406		MILEAGE		
5402	41'	casing footage		
5407A	87.6 70.5	70m miles		84.60
5501C	1 1/2	transport		168.00
1126	30	OWC		510.00
<u>WO# 238263</u>			RECEIVED	
			OCT 25 2011	
			CC WICHITA	
			<u>6.370</u>	SALES TAX
			ESTIMATED TOTAL	
			320.3	
			1519.78	

Ravin 3737

AUTHORIZATION Kent Feunig TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 27275
LOCATION Ottawa KS
FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/29/10	1828	Board 1 # H-7-I	NW 1	23	16	CF
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE hang string HOLE SIZE 6 3/4 HOLE DEPTH 1056 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 1048 DRILL PIPE Baffle TUBING 1040 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4 1/2" Plug
 DISPLACEMENT 16.5 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish Circulation. Mix + Pump 100* Premium Gel
Flush. Mix + Pump 12 BBL Telltale dye. Mix + Pump 120
cks OWC cement. Flush pump + lines clean. Displace
4 1/2" Rubber Plug to Baffle in casing w/ 16.5 BBL Fresh
Water Pressure to 700 PSI. Release pressure to Set
Float Valve. Check plug depth w/ wire line. Shift in casing

Finney Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925 ⁰⁰
5406	50 mi	MILEAGE		182 ⁰⁰
5402	1043'	Casing Footage		N/C
5407A	282	Ton Miles		338 ⁴⁰
5501C	2 1/2 hrs	Transport		280 ⁰⁰
1126	120 SKS	OWC Cement		2040 ⁰⁰
118B	100*	Premium Gel		20 ⁰⁰
4404	1	4 1/2 Rubber Plug		45 ⁰⁰
				6.3 %
				SALES TAX
				ESTIMATED
				TOTAL

WO# 238278

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SALES TAX
ESTIMATED
TOTAL
DATE 11/29/2010

Ravin 3737

AUTHORIZATION [Signature] TITLE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



MIDWEST SURVEYS
 LOGGING - PERFORATING - CONSULTING SERVICES
 P.O. Box 68, Osawatomie, KS 66064
 913 / 755 - 2128

GAMMA RAY / NEUTRON / CCL

File No.

API # 15-031-22,750

Company **Colt Energy, Inc.**
 Well **Beard "1" No. H7-1**
 Field **Neosho Falls / LeRoy**
 County **Coffey** State **Kansas**

Location

**157' FNL & 2120' FWL
 NW-NE-NE-NW**

Other Services

Perforate

Sec. **1** Twp. **23s** Rge. **16e**
 Permanent Datum **GL** Elevation **NA**
 Log Measured From **GL**
 Drilling Measured From **GL**

Elevation

K.B. NA
 D.F. NA
 G.L. NA

Date	12-09-2010
Run Number	One
Depth Driller	1056.0
Depth Logger	1040.0
Bottom Logged Interval	1038.0
Top Log Interval	20.0
Fluid Level	Full
Type Fluid	Water
Density / Viscosity	NA
Salinity - PPM Cl	NA
Max Recorded Temp	NA
Estimated Cement Top	0.0
Equipment No.	104
Location	Osawatomie
Recorded By	Gary Windisch
Witnessed By	Rex Ashlock

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BORE-HOLE RECORD				CASING RECORD			
RUN No.	BIT	FROM	TO	SIZE	WGT.	FROM	TO
One	12.25"	0.0	40.6	8.625"		0.0	40.6
Two	6.75"	40.6	1056.0	4.50"		0.0	1040.0

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