

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 SLOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other _____
(Core, WSW, Expl., Cathodic, etc.)

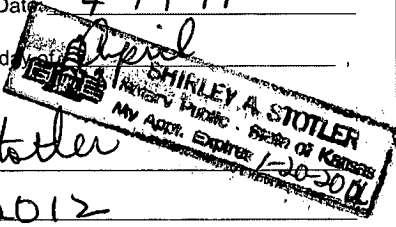
If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr. Conv. to SWD
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____
10/26/2010 11/2/2010 2/3/2011
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 031-22,743-0000
Spot Description: _____
NW 2145 SW 165 Sec. 1 Twp. 23 S. R. 16 East West
Feet from North / South Line of Section
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 #: B1-I
Field Name: NEOSHO FALLS - LEROY
Producing Formation: LOWER SQUIRREL SANDSTONE
Elevation: Ground: 1004 Kelly Bushing: ----
Total Depth: 1067 Plug Back Total Depth: 1061.2
Amount of Surface Pipe Set and Cemented at: 40.65 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1067
feet depth to: SURFACE w/ 135 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



KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
Alt 2 - Dlg - 5/17/11
RECEIVED
APR 25 2011

KCC WICHITA

Operator Name: COLT ENERGY, INC Lease Name: BEARD "1" Well #: B1-I
 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	40.65'	OWC	66	
LONG STRING	6.75	4 1/2"	10.5	1061.2'	OWC	135	
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	974-982	50 GAL 28% HCL	974-982
		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: _____ RECEIVED _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 27209
LOCATION 20
FOREMAN Alan 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
10-26-10	1828	Beard 1 #81-7	NW 1	23	16	CF
CUSTOMER Colt Energy			TRUCK #			
MAILING ADDRESS P.O. Box 388			DRIVER		TRUCK #	
CITY Tola			DRIVER		DRIVER	
STATE KS			DRIVER		DRIVER	
ZIP CODE 66749			DRIVER		DRIVER	

JOB TYPE surface HOLE SIZE 12 1/4 HOLE DEPTH 40 CASING SIZE & WEIGHT 8 7/8
CASING DEPTH 40 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 2 1/2 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: Held crew meeting Established rate. Mixed & pumped 35 sk Portland "A", 29 gal, 2% gel, 2% oil. Circulated cement. Displaced casing with 29 gal clean water. Closed valve.

Finney Drilling
Colt water

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE		725.00
5406	50	MILEAGE		182.50
5402	40	casing footage		—
5407	min	70n miles		315.00
1102	66#	calcium		49.50
1118B	66#	gel		13.20
1104S	34 sk	Portland "A"		459.00

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WO # 237595

6.370

SALES TAX 32.87
ESTIMATED TOTAL 1778.07

Ravin 3737

AUTHORIZATION [Signature] 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 27239
LOCATION Ottawa KS
FOREMAN Fred Maden

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
11/3/10	1828	Beard 1 # B1-I	NW 1	23	16	CF
CUSTOMER Colt Energy Inc			TRUCK #			
MAILING ADDRESS 1112 Rhode Island			DRIVER		TRUCK #	
CITY Iola			DRIVER		TRUCK #	
STATE KS			DRIVER		TRUCK #	
ZIP CODE 66749			DRIVER		TRUCK #	
			DRIVER		TRUCK #	
			DRIVER		TRUCK #	
			DRIVER		TRUCK #	
			DRIVER		TRUCK #	

JOB TYPE Logging HOLE SIZE 6 3/4 HOLE DEPTH 1067' CASING SIZE & WEIGHT 4 1/2
CASING DEPTH 1062' DRILL PIPE Baffle @ 1059' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4 1/2" Plug
DISPLACEMENT 16.6 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation Mix + Pump 100# Premium Gel
Flush. Mix + Pump 11 BBLs Tell tale Dye. Mix + Pump
135 sks OWC Cement. Flush pump + lines clean.
Displace 4 1/2" Rubber plug to Baffle in casing w/
16.6 BBL Fresh water. Pressure to 700* PSI. Release
pressure to set float valve. Check plug depth w/
wireline.

Kurt Finney Drlg. Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925 ⁰⁰
5406	50 mi	MILEAGE		182 ⁵⁰
5402	1062'	Casing Footage.		N/C
5407A	317.25	Ton Miles		380 ⁷⁰
5501C	3 hrs	Transport		336 ⁰⁰
1126	135 sks	OWC Cement		2295 ⁰⁰
1188B	100#	Premium Gel		20 ⁰⁰
4404	1	4 1/2" Rubber Plug		45 ⁰⁰
				RECEIVED
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				KCC WICH
				6.3% SALES TAX
				ESTIMATED TOTAL
				148 ⁶⁹
				4332 ⁸⁹

Revin 3737

AUTHORIZATION Dennis V. 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.



MIDWEST SURVEYS

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

GAMMA RAY / NEUTRON / CCL

File No.

API # 15-031-22,743

Company **Colt Energy, Inc.**
 Well **Beard "1" No. B1-I**
 Field **Neosho Falls / LeRoy**
 County **Coffey** State **Kansas**

Location	2145' FNL & 165' FWL NW-SW-SW-NW	Other Services Perforate
Sec. 1	Twp. 23s Rge. 16e	Elevation
Permanent Datum	GL	Elevation 1004'
Log Measured From	GL	K.B. NA D.F. NA G.L. 1004'
Drilling Measured From	GL	

Date	11-11-2010		
Run Number	One		
Depth Driller	1067.0		
Depth Logger	1057.3		
Bottom Logged Interval	1056.3		
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.	Location	107	Osawatomie
Recorded By	Steve Windisch		
Witnessed By	Rex Ashlock		

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RUN				BORE-HOLE RECORD			CASING RECORD	
No.	BIT	FROM	TO	SIZE	WGT.	FROM	TO	
One	12.25"	0.0	40.5	8.625"		0.0	40.65	
Two	6.75"	40.5	1067.0	4.50"	10.5 #	0.0	1061.90	
				Flapper	Set	At	1058.20	

Fold Here