

ORIGINAL RECEIVED

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

MAY 09 2011

Form Must Be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE KCC WICHITA

OPERATOR: License # 5150
Name: COLT ENERGY, INC
Address 1: P O BOX 388
Address 2: _____
City: IOLA State: KS Zip: 66749 + 0388
Contact Person: DENNIS KERSHNER
Phone: (620) 365-3111
CONTRACTOR: License # 8509
Name: EVANS ENERGY DEVELOPMENT, INC
Wellsite Geologist: JIM STEGEMAN
Purchaser: COFFEYVILLE RESOURCES, LLC

Designate Type of Completion:

- New Well Re-Entry Workover
 Oil WSW SWD SLOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., 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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

03/17/2011 03/17/2011 4/13/11
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date
DRY/PLUGGED

API No. 15 - 011-23801-0000

Spot Description: _____

NE NE NW NW Sec. 24 Twp. 27 S. R. 25 East West
70 Feet from North / South Line of Section
1,300 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: BOURBON

Lease Name: BOHLKEN Well #: 3-24

Field Name: WILDCAT

Producing Formation: PENNSYLVANIAN SANDS

Elevation: Ground: 800 Kelly Bushing: _____

Total Depth: 289 Plug Back Total Depth: NONE

Amount of Surface Pipe Set and Cemented at: 20.6 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: DRY/PLUGGED

feet depth to: _____ w/ _____ 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 CLOSED AT THIS TIME

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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.

AFFIDAVIT

I am the affiant and I hereby certify that 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: Shirley Stotler

Title: PRODUCTION CLERK Date: 5/5/2011

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution DLA
ALT I II III Approved by: DRG Date: 5/10/11

Operator Name: COLT ENERGY, INC Lease Name: BOHLKEN Well #: 3-24
 Sec. 24 Twp. 27 S. R. 25 East West County: BOURBON

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 complete copy of all Electric Wire-line 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: HIGH RESOLUTION COMPENSATED DENSITY SIDEWALL NEUTRON LOG, DUAL INDUCTION LL3/GR LOG	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum ATTACHED DRILLERS LOG
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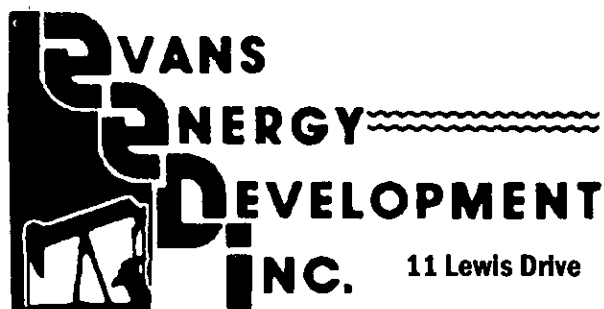
CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
SURFACE	12 1/4	8 5/8	24	20.6	PORTLAND	7	
DRY/PLUGGED							

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 Report <i>(Amount and Kind of Material Used)</i>
	DRY/PLUGGED	RECEIVED MAY 09 2011 KCC WICHITA

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. DRY/PLUGED		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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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11 Lewis Drive

Paola, KS 66071

Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG
Colt Energy, Inc.
Bohken #~~11~~3-24
17-Mar-11

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
8	soil & clay	8
6	shale	14
1	coal	15
17	shale	32
1	coal	33
24	shale	57
1	lime	58
13	shale	71
1	lime	72
11	shale	83
3	oil sand	86
13	shale	99
6	oil sand	105
5	water sand	110
6	oil sand	116
36	shale	152
27	sand	179
1	coal	180
5	shale	185
1	coal	186
13	shale	199
1	coal	200
5	shale	205
2	sand	207
16	shale	223
3	sand	226
1	coal	227
3	shale	230
59	lime	289 brown
		289 TD

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Drilled a 12 1/4" hole to 20.6'

Drilled a 7 7/8" hole to 289'

Set 20.6' of 8 5/8" threaded and coupled surface with 7 sacks of cement.



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 30381

LOCATION Eureka, KS

FOREMAN Shannon Feick

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
4-13-11	1828					Vernon, MO
CUSTOMER Colt Energy Inc						
MAILING ADDRESS 1112 Rhode Island RD						
CITY Iola		STATE KS	ZIP CODE 66749			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		485	Alan m			
		543	Allen B			
		515	Calin			
		442	Jim			

JOB TYPE Plug HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 1" Tubing OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Plugged following well SAS Follows - total of 570 SKS for all 11 wells

Clay Pool 51-6 — 58 SKS	Steele 3-21 — 50 SKS
Fritter 1-17 — 58 SKS	Steele 3-29 — 50 SKS
uttinter 2-17I — 58 SKS	Seitz Family Farms 12-34N — 50 SKS
Clary 1-KAP-1 — 58 SKS	Seitz Family Farms 10-33S — 50 SKS
Farm 1-31 — 58 SKS	Seitz Family Farms 1-5 — 30 SKS
By Bohlken 13-14 — 50 SKS	

3rd unsure on depth, plugged through 1" tubing, all the way to surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 A	1	PUMP CHARGE for 1 st well	655.00	655.00
5406	90	MILEAGE	4.00	360.00
5405 A	1	Pump charge for next 10 wells	330.00	3300.00
1131	570 SKS	60/40 Pozmix Cement ✓	11.95	6811.50
1118 B	1960 #	Gel 4%	.20	392.00
5407 A	24.51	Ton mileage	1.26	2779.49
SUB TOTAL				14,297.99
SALES TAX				625.86
ESTIMATED TOTAL				14923.85

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"THANKS Shannon & Crew"

240130

AUTHORIZATION _____ 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.