

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM **CORRECTION
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 # 5989-8509
Name: EVANS ENERGY DEVELOPMENT, INC
Wellsite Geologist: JIM STEGEMAN
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 Enh. Conv. to SWD
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 Other (SWD or Enh.?) Docket No.: _____
5/27/10 6/1/10 7/23/10
Spud Date or Date Reached TD Completion Date or Recompletion Date

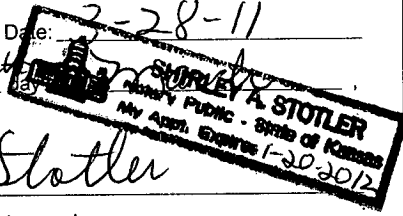
API No. 15 - 107-2418000001
Spot Description: SW
SW SE SW SW Sec. 35 Twp. 21 S. R. 22 East West
295 Feet from North / South Line of Section
*4595 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: LINN
Lease Name: * LANHAM 363 Well #: B3-1
Field Name: CRITZER
Producing Formation: BARTLESVILLE
Elevation: Ground: 982 Kelly Bushing: --
Total Depth: 840 Plug Back Total Depth: 770
Amount of Surface Pipe Set and Cemented at: 21.6 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 840
feet depth to: SURFACE w/ 105 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: WELL DRILLED W/AIR NO FLUID PUSHED PIT IN
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: 7-28-11
Subscribed and sworn to before me this 28th day of July 2011.
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
AM - Dg - 8/16/11

RECEIVED
AUG 04 2011

KCC WICHITA

Operator Name: COLT ENERGY, INC Lease Name: * LANHAM 363 Well #: B3-I
 Sec. 35 Twp. 21 S. R. 22 East West County: LINN

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: DUAL INDUCTION LL3/GR LOG, HIGH RESOLUTION COMPENSATED DENSITY SIDEWALL NEUTRON LOG, GAMMA RAY/NEUTRON LOG	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum DRILLERS LOG ATTACHED
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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#	21.6	PORTLAND	8	
LONG STRING	7 7/8	5 1/2	17#	837.40	OWCEMENT	105	

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	774-778, 781-784	NO TREATMENT NOR COMPLETION	774-784
1	SET BRIDGE PLUG @770		
2	694-713, 716-718	50GAL 15%HCL	694-718
		250# 20/40 SAND	
		5750# 12/20 SAND	

TUBING RECORD: Size: <u>2 7/8" 8RD EUE</u> Set At: <u>680'</u> Packer At: <u>NONE</u>		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 checked="" 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 AUG 04 2011
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